1946

INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS

FOUNDED BY ERNEST JONES

OFFICIAL ORGAN OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

EDITED BY
ADRIAN STEPHEN

WITH THE ASSISTANCE OF

MARJORIE BRIERLEY LONDON

SYLVIA PAYNE LONDON

A. AICHHORN

VIENNA

A. A. BRILL

NEW YORK

IVES HENDRICK

BOSTON

J. W. KANNABICH

MOSCOW

DURVAL MARCONDES

SAO PAULO

LOS ANGELES

H. VAN DER WAALS

AMSTERDAM

M. WOOLF

TEL-AVIV

C. P. OBERNDORF NEW YORK IOHN RICKMAN

JOHN RICKMAN LONDON

IN COLLABORATION WITH

WILLIAM G. BARRETT SAN FRANCISCO

P. G. DANE MELBOURNE

ISTVAN HOLLÓS BUDAPEST

PHILIP R. LEHRMAN NEW YORK

> L. RASCOVSKY BUENOS AIRES

RICHARD F. STERBA

BENJAMIN I. WEININGER WASHINGTON—BALTIMORE

G. BOSE CALCUTTA

G. LEONARD HARRINGTON TOPEKA

ERNEST JONES

LEROY M. A. MAEDER PHILADELPHIA

PHILIP SARASIN BASLE

ALFHILD TAMM STOCKHOLM

GEORGE W. WILSON CHICAGO



PUBLISHED FOR
THE INSTITUTE OF PSYCHO-ANALYSIS

BAILLIÈRE, TINDALL & COX, 7 & 8 HENRIETTA STREET, COVENT GARDEN, LONDON, W.C.2

INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS

is issued half-yearly. Besides Original Papers, Abstracts and Reviews, it contains the Bulletin of the International Psycho-Analytical Association, of which it is the Official Organ.

NOTICES

EDITORIAL

- I. All manuscripts and editorial communications, as well as review copies of books and exchange numbers of periodicals, should be sent to the Editor, International Journal of Psycho-Analysis, Institute of Psycho-Analysis, 96 Gloucester Place, London, W.I.
- 2. Editorial communications from America should be sent to Dr. C. P. Oberndorf, 112 West 59th Street, New York.
- 3. Manuscripts should be typewritten, with wide spacing throughout (including especially the footnotes); a copy should always be retained by the author.
- 4. Authors will understand that translations of their papers may be published in the *Internationale Zeitschrift für Psychoanalyse und Imago* or the *Revue Française de Psychanalyse* if thought suitable.
- 5. Authors of original papers will be sent free of charge three copies of the Journal by the Publishers on application. If they require reprints at their own cost, application should be made to the Publishers (not to the Editor) stating how many are required.
 - 6 All matter appearing in this Journal is copyright.

ADMINISTRATIVE

- I. The Annual Subscription is 30s. per Volume of Two Double-Parts. U.S.A. \$7.50.
- 2. The Journal is obtainable by subscription only, the parts not being sold separately.
- 3. Subscriptions and Correspondence relative to advertising and administrative matters in general should be addressed to the Publishers, Baillière, Tindall & Cox, 7 & 8 Henrietta Street, Covent Garden, London, W.C.2.
- 4. Unbound copies of some of the back volumes are available. Prices on application to the Publishers.

All editorial communications should be addressed to the Editor, International Journal of Psycho-Analysis, Institute of Psycho-Analysis, 96 Gloucester Place, London, W.r. VOLUME XXVII

1946

PARTS 3 & 4

It has been decided to reorganise the Editorial Staff of this Journal so that in future it will consist of one Editor and two Assistant Editors. Unfortunately it was impossible for the American Psycho-Analytical Association to decide on its own plans in time, so that the reorganisation has had to proceed without waiting further, but it is much hoped that it will cooperate in the new venture. It is unnecessary to add that the same applies to all other Psycho-Analytical Societies and Institutes.

ORIGINAL PAPERS

NOTES ON SOME SCHIZOID MECHANISMS 1

By MELANIE KLEIN

INTRODUCTORY REMARKS

To-night I am going to touch on a vast and relatively obscure topic, and the present paper is necessarily in the nature of preliminary notes. I had given much thought to this subject for many years, even before I came to clarify my views on the depressive processes in infancy. In the course of working out my concept of the infantile depressive position, however, the problems of the phase preceding it again forced themselves on my attention. I now wish to formulate some hypotheses at which I have arrived regarding the earlier anxieties and mechanisms.

The hypotheses I shall put forward, which relate to very early stages of development, are derived by inference from material gained in the analyses of adults and children, and some of these hypotheses seem to tally with observations familiar in psychiatric work. To substantiate my contentions would require an accumulation of detailed case material for which there is no room in the frame of this paper, and I hope in further contributions to fill this gap.

At the outset it will be useful to summarize briefly the conclusions regarding the earliest phases of development which I have already put forward (see particularly Klein, 1932 and 1935).

In early infancy anxieties characteristic of psychosis arise which drive the ego to develop specific defence mechanisms. In this period the fixation points for all psychotic disorders are to be found. This hypothesis led some people to believe that I regarded all infants as psychotic; but I have already dealt sufficiently with this misunderstanding on other occasions. The psychotic anxieties, mechanisms and ego defences of infancy have a profound influence on development in all its aspects, including the development of the ego, super-ego and object relations.

I have often expressed my view that object relations exist from the beginning of life, the first object being the mother's breast which is split into a good (gratifying) and bad (frustrating) breast; this splitting results in a division between love and hate. I have further suggested that the relation to the first object implies its introjection and projection, and thus from the beginning object relations are moulded by an interaction between introjection and projection, between internal and external objects and situations. These processes participate in the building up of the ego and superego and prepare the ground for the onset of the Œdipus complex in the second half of the first year.

From the beginning the destructive impulse is turned against the object and is first expressed in phantasied oral-sadistic attacks on the mother's breast which soon develop into onslaughts on her body by all sadistic means. The persecutory fears arising from the infant's oral-sadistic impulses to rob the mother's body of its good contents, and the anal-sadistic impulses to put his excrements into her (including the desire to enter her body in order to control her from within), are of great importance for the development of paranoia and schizophrenia.

I enumerated various typical defences of the early ego, primarily the mechanisms of splitting the object and the impulses, idealization, denial of inner and outer reality and stifling of emotions. I also mentioned various persecutory fears, including the fear of being poisoned and devoured. Most of these phenomena—prevalent in the first few months of life—are found in the later symptomatic picture of schizophrenia.

This early period I described as the 'persecutory phase', or rather 'paranoid position' as I termed it later. I thus held that preceding the depressive position there is a paranoid position. If persecutory fears are very strong, and for this reason as well as others the infant cannot work through the paranoid position, then the working

through of the depressive position is in turn impeded. This failure may lead to a regressive reinforcing of persecutory fears and strengthen the fixation points for severe psychoses (that is to say, the group of schizophrenias). Again the outcome of severe difficulties arising during the period of the depressive position may be manic-depressive disorders in later life. I also concluded that in less severe disturbances of development the same factors strongly influence the choice of neuroses.

While I assumed that the outcome of the depressive position depends on the working through of the preceding phase, I nevertheless attributed to the depressive position a central rôle in the child's early development. For with the introjection of the object as a whole the relation to the object alters fundamentally. The synthesis between the loved and hated aspects of the complete object gives rise to feelings of mourning and guilt which imply vital advances in the infant's emotional and intellectual life. This is also a crucial juncture for the choice of neurosis or psychosis. To all these conclusions I still adhere.

SOME NOTES ON FAIRBAIRN'S RECENT PAPERS

In a number of recent papers (1941, 1944, 1946) Fairbairn has given much attention to the subjectmatter with which I am dealing to-night. I therefore feel it necessary to clarify some essential points of agreement and disagreement between us. It will be seen that some of the conclusions which I shall present in this paper are in line with Fairbairn's conclusions, while others differ fundamentally. Fairbairn's approach is largely from the angle of ego development in relation to objects, while mine was predominantly from the angle of anxieties and their vicissitudes. He calls the earliest phase the 'schizoid position' and states that it forms part of normal development and is the basis for adult schizoid and schizophrenic illness. I agree with this contention and consider his description of developmental schizoid phenomena as significant and revealing, and of great value for our understanding of schizoid behaviour and of schizophrenia. I also consider Fairbairn's view that the group of schizoid or schizophrenic disorders is much wider than has been acknowledged, as correct and important; and the particular emphasis he lays on the inherent relation between hysteria and schizophrenia deserves full attention. His term 'schizoid position' seems adequate if it is meant to cover both persecutory fear and schizoid mechanisms.

I disagree—to mention first the most basic issues—with his revision of the theory of mental structure and instincts. I also disagree with his view that to begin with only the bad object is internalized—a view which seems to me to con-

tribute to the important differences between us regarding the development of object relations as well as ego development. For I hold that the introjected good breast forms a vital part of the ego, exerts from the beginning a fundamental influence on the process of ego development and affects both ego structure and object relations. I also dissent from Fairbairn's view that 'the great problem of the schizoid individual is how to love without destroying by love, whereas the great problem of the depressive individual is how to love without destroying by hate' (cf. Fairbairn, 1941, 271). This conclusion is in line not only with his rejecting the concept of primary instincts but also with his under-rating of the rôle which aggression and hatred play from the beginning of life. As a result of this approach, he does not give enough weight to the importance of early anxiety and conflict and their dynamic effects on development.

Some Problems of the Early Ego

In the following discussion I shall single out one aspect of ego development and I shall deliberately not attempt to link it with the problems of ego development as a whole. Nor can I here touch on the relation of the ego to the id and super-ego.

We know so far little about the structure of the early ego. Some of the recent suggestions on this point have not convinced me: I have particularly in mind Glover's concept of ego nuclei and Fairbairn's theory of a central ego and two subsidiary egos. More helpful in my view is Winnicott's emphasis on the unintegration of the early ego (cf. Winnicott, 1945).² I would also say that the early ego lacks cohesiveness and that a tendency towards integration alternates with a tendency towards disintegration, a falling into bits. I think that these fluctuations are characteristic of the first few months of life.

We are, I think, justified in assuming that some of the functions which we know from the later ego are there in the beginning. Prominent amongst these functions is that of dealing with anxiety. I hold that anxiety arises from the operation of the Death Instinct within the organism, is felt as fear of annihilation (death) and takes the form of fear of persecution. The fear of the destructive impulse seems to attach itself at once to an object -or rather it is experienced as fear of an uncontrollable overpowering object. Other important sources of primary anxiety are the trauma of birth (separation anxiety) and frustration of bodily needs; and these experiences too are from the beginning felt to be caused by bad objects. Even if these objects are felt to be external, they become through introjection internal persecutors and thus reinforce the fear of the destructive impulse within.

² In this paper Dr. Winnicott also described the pathological outcome of states of unintegration, for instance the

case of a woman patient who could not distinguish between her twin sister and herself.

The vital need to deal with anxiety forces the early ego to develop some primary mechanisms and defences. The destructive impulse is partly projected outwards (deflection of the Death Instinct) and attaches itself at once to the primary external object, the mother's breast. As Freud has pointed out, the remaining portion of the destructive impulse is to some extent bound by the libido within the organism. However, neither of these processes entirely fulfil their purpose, and therefore the anxiety of being destroyed from within remains active. It seems to me in keeping with the lack of cohesiveness that under the pressure of this threat the ego tends to fall to bits. This falling to bits appears to underlie states of disintegration in schizophrenics.

The question arises whether some active splitting processes within the ego may not enter even at a very early stage. As we know, the early ego splits the object and the relation to it in an active way, and this may imply some active splitting of the ego itself. In any case, the result of splitting is a dispersal of the destructive impulse which is felt as the source of danger. I suggest that this primary anxiety of being annihilated by a destructive force within, with the ego's specific response of falling to bits or splitting itself, may be extremely important in all schizophrenic processes.

SPLITTING PROCESSES IN RELATION TO THE OBJECT

The destructive impulse projected outwards is first experienced as oral aggression. I believe that oral-sadistic impulses towards the mother's breast are active from the beginning of life, though with the onset of teething the cannibalistic impulses increase in strength—a factor stressed by Abraham.

In states of frustration and anxiety the oralsadistic and cannibalistic desires are reinforced, and then the infant feels that he has taken in the nipple and the breast, in bits. Thus in addition to the division between one good and one bad breast in the young infant's phantasy, the frustrating breast—attacked in oral-sadistic phantasies—is felt to be in bits; while the gratifying breast, taken in under the dominance of the sucking libido, is felt to be complete. This first internal good object acts as a focal point in the ego. It counteracts the processes of splitting and dispersal, makes for cohesiveness and integration, and is instrumental in building up the ego.3 The infant's feeling of having inside a good and complete breast may, however, be shaken by frustration and anxiety. As a result, the division between the good and bad breast may be difficult to maintain, and the infant may feel that the good breast too is in bits.

I believe that the ego is incapable of splitting the object—internal and external—without correspondingly a splitting within the ego taking place. Therefore the phantasies and feelings about the state of the internal object influence vitally the structure of the ego. The more sadism prevails in the process of incorporating the object, and the more the object is felt to be in bits, the more the ego is in danger of being split in relation to the internalized object bits.

The processes I have described are, of course, bound up with the infant's phantasy life; and the anxieties which stimulate the mechanism of splitting are also of a phantastic nature. It is in phantasy that the infant splits the object and the self, but the effect of this phantasy is a very real one, because it leads to feelings and relations (and later on thought processes) being in fact cut off from one another.⁴

SPLITTING IN CONNECTION WITH INTROJECTION AND PROJECTION

I have so far particularly dealt with the mechanism of splitting as one of the earliest ego mechanisms and defences against anxiety. Introjection and projection are from the beginning of life also used in the service of this primary aim of the ego. Projection, as we know from Freud, originates from the deflection of the Death Instinct outwards and in my view helps the ego in overcoming anxiety by ridding it of danger and badness. Introjection of the good object is also used by the ego as a defence against anxiety.

Closely connected with projection and introjection are some other mechanisms. Here I am particularly concerned with the connection between splitting, idealization and denial. As regards splitting of the object, we have to remember that in states of gratification love feelings turn towards the gratifying breast, while in states of frustration hatred and persecutory anxiety attach themselves to the frustrating breast. This two-fold relation, implying a division between love and hatred in relation to the object, can only be maintained by splitting the breast into its good and bad aspects.

With the splitting of the object, idealization is bound up, for the good aspects of the breast are exaggerated as a safeguard against the fear of the persecuting breast. Idealization is thus the corollary of persecutory fear, but it also springs from the power of the instinctual desires which aim at

³ Winnicott (*loc. cit.*) referred to the same process from another angle when he described how integration and adaptation to reality depend essentially on the infant's experience of the mother's love and care.

experience of the mother's love and care.

4 In the discussion following the reading of this paper Clifford Scott referred to another aspect of splitting. He stressed the importance of the breaks in continuity of

experiences, which imply a splitting in time rather than in space. He referred, as an instance, to the alternation between states of being asleep and states of being awake. I fully agree that splitting is not to be understood merely in terms of space and that the breaks in continuity are very essential for the understanding of schizoid mechanisms.

unlimited gratification and therefore create the picture of an inexhaustible and always bountiful breast—an ideal breast.

A good instance of such division is the infantile hallucinatory gratification. The main processes which come into play in idealization are operative in the hallucinatory gratification, namely the splitting of the object and the denial both of frustration and of persecution. The frustrating and persecuting object is kept widely apart from the idealized object. However, the bad object is not only kept apart from the good one but its very existence is denied as is the whole situation of frustration and the bad feelings (pain) to which frustration gives rise. This is bound up with denial of psychic reality. The denial of psychic reality becomes possible only through the feeling of omnipotence-which is characteristic of the infantile mind. Omnipotent denial of the existence of the bad object and of the painful situation is in the unconscious equal to annihilation by the destructive impulse. It is, however, not only a situation and an object which is denied and annihilated-it is an object relation which suffers this fate: and therefore a part of the ego, from which the feelings towards the object emanate, is denied and annihilated as well.

In hallucinatory gratification therefore two interrelated processes take place: the omnipotent conjuring up of the ideal object and situation, and the equally omnipotent annihilation of the bad persecutory object and the painful situation. These processes are based on splitting the object and the ego.

In passing I would mention that in this early phase splitting, denial and omnipotence play a rôle similar to that of repression at a later stage of ego-development. In considering the importance of the processes of denial and omnipotence at a stage which is characterized by persecutory fear and schizoid mechanisms, we may remember the delusions in schizophrenia, both of grandeur and of persecution.

So far, in dealing with persecutory fear, I have singled out the oral element. However, while the oral libido still has the lead, libidinal and aggressive impulses and phantasies from other sources come to the fore and bring about a confluence of oral, urethral and anal libidinal and aggressive desires. Also the attacks on the mother's breast develop into attacks of a similar nature on her body, which comes to be felt as it were as an extension of the breast, even before the mother can be

conceived of as a complete person. The phantasied attacks on the mother follow two main lines: one is the predominantly oral impulse to suck dry. bite up, scoop out and rob the mother's body of its good contents. (I shall discuss the bearing of these impulses on the development of object relations in connection with introjection.) The other line of attack derives from the anal and urethral impulses and implies expelling dangerous substances (excrements) out of the self and into the mother. Together with these harmful excrements. expelled in hatred, split off parts of the ego are also projected on to the mother or, as I would rather call it, into the mother. 5 These excrements and bad parts of the self are meant not only to injure the object but also to control it and take possession of it. In so far as the mother comes to contain the bad parts of the self, she is not felt to be a separate individual but is felt to be the bad self.

Much of the hatred against parts of the self is now directed towards the mother. This leads to a particular kind of identification which establishes the prototype of an aggressive object relation. Also, since the projection derives from the infant's impulse to harm or to control the mother,6 he feels her to be a persecutor. In psychotic disorders this identification of an object with the hated parts of the self contributes to the intensity of the hatred directed against other people. So far as the ego is concerned, excessive splitting off of parts of itself and expelling these into the outer world considerably weaken it. For the aggressive component of feelings and of the personality is intimately bound up in the mind with power, potency, strength, knowledge and many other desired qualities.

It is, however, not only the bad parts of the self which are expelled and projected, but also good parts of the self. Excrements then have the significance of gifts; and parts of the ego which, together with excrements, are expelled and projected into the other person represent the good, i.e. the loving parts of the self. The identification based on this type of projection again vitally influences object relations. The projection of good feelings and good parts of the self into the mother is essential for the infant's ability to develop good object relations and to integrate his ego. However, if this projective process is carried out excessively, good parts of the personality are felt to be lost to the self, and the mother becomes the ego ideal; this process, too, results in weaken-

⁵ The description of such primitive processes suffers from a great handicap, for these phantasies arise at a time when the infant has not yet begun to think in words. In this paper, for instance, I am using the expression 'to project *into* another person' because this seems to me the only way of conveying the unconscious process I am trying to describe.

⁶ Miss Gwen Evans, in a short unpublished communication (read to the Psycho-Analytical Society in January,

¹⁹⁴⁶⁾ gave some instances of patients in whom the following phenomena were marked: lack of sense of reality, a feeling of being divided and parts of the personality having entered the mother's body in order to rob and control her; as a consequence the mother and other people similarly attacked came to represent the patient. Miss Evans related these processes to a very primitive stage of development.

ing and impoverishing the ego. Very soon such processes extend to other people, and the result may be an extreme dependence on these external representatives of the good parts of the self. Another consequence is a fear that the capacity to love has been lost because the loved object is felt to be loved predominantly as a representative of the self.

The processes of splitting off parts of the self and projecting them into objects are thus of vital importance for normal development as well as for abnormal object relations.

The effect of introjection on object relations is equally important. The introjection of the good object, first of all mother's breast is a precondition for normal development. I have already described how the internal good breast comes to form a focal point in the ego and makes for cohesiveness of the One characteristic feature of the earliest relation to the good object—internal and external is the tendency to idealize it. In states of frustration or increased anxiety, the infant is driven to take flight to his internal idealized object as a means of escaping from persecutors. From this mechanism various serious disturbances may result: when persecutory fear is too strong, the flight to the idealized object becomes excessive, and this severely hampers ego-development and disturbs object relations. As a result the ego may be felt to be entirely subservient to and dependent on the internal objectonly a shell for it. With an unassimilated idealized object there goes a feeling that the ego has no life and no value of its own.8 I would suggest that the condition of flight to the unassimilated idealized object necessitates further splitting processes within the ego. For parts of the ego attempt to unite with the ideal object, while other parts strive to deal with the internal persecutors.

The various ways of splitting the ego and internal objects result in the feeling that the ego is in bits. This feeling amounts to a state of disintegration. In normal development, the states of disintegration which the infant experiences are transitory. Among other factors, gratification by the external good object ⁹ again and again helps to break through these schizoid states. The infant's capacity to overcome temporary schizoid states is in keeping with the strong elasticity and resilience of the infantile mind. If states of splitting and therefore of disintegration, which the ego is unable to overcome, occur too frequently

and go on for too long, then in my view they must be regarded as a sign of schizophrenic illness in the infant, and some indications of such illness may already be seen in the first few months of life. In adult patients, states of depersonalization and of schizophrenic dissociation seem to be a regression to these infantile states of disintegration.

In my experience, excessive persecutory fears and schizoid mechanisms in early infancy may have a detrimental effect on intellectual development in its initial stages. Certain forms of mental deficiency would therefore have to be regarded as belonging to the group of schizophrenias. Accordingly, mental deficiency in children at any age should be examined in the light of a possible schizophrenic illness in early infancy.

I have so far described some effects of excessive introjection and projection on object relations. I am not attempting to investigate here in any detail the various factors which in some cases make for a predominance of introjective and in other cases for a predominance of projective processes. As regards normal development, it may be said that the course of ego development and object relations depends on the degree to which an optimal balance between introjection and projection in the early stages of development can be achieved. This in turn has a bearing on the integration of the ego and the assimilation of internal objects. Even if the balance is disturbed and one or the other of these processes is excessive, there is some interaction between introjection and projection. For instance, the projection of a predominantly hostile inner world which is ruled by persecutory fears leads to the introjection-a taking back—of a hostile external world. Vice versa, the introjection of a distorted and hostiile external world reinforces the projection of a hostile inner world.

Another aspect of projective processes, as we have seen, implies the forceful entry into the object and control of the object by parts of the self. As a consequence, introjection may then be felt as a forceful entry from the outside into the inside, in retribution for violent projection. This may lead to the fear that not only the body but also the mind is controlled by other people in a hostile way. As a result there may be a severe disturbance in introjecting good objects—a disturbance which would impede all ego-functions as well as sexual development and may lead to an

⁷ Clifford Scott in an unpublished paper, read to this Society a few years ago, described three inter-connected features which he came upon in a schizophrenic patient: a strong disturbance of her sense of reality, her feeling that the world round her was a cemetery, and the mechanism of putting all good parts of herself into another person—Greta Garbo—who came to stand for her self.

⁸ Paula Heimann (1942) described a condition in which the internal objects act as foreign bodies embedded in the self. Whilst this is more obvious with regard to the bad objects, it is true even for the good ones, if the ego is compulsively subordinated to their preservation. When

the ego serves its good internal objects excessively, they are felt as a source of danger and come close to exerting a persecuting influence. Paula Heimann introduced the concept of the assimilation of the internal objects and applied it specifically to sublimation. As regards ego-development, she pointed out that such assimilation is essential for the successful exercise of ego-functions and for the achievement of independence.

Looked at in this light, the mother's love and understanding of the infant can be seen as the infant's greatest standby in overcoming states of disintegration and anxieties of a psychotic nature.

excessive withdrawal to the inner world. This withdrawal is, however, not only caused by the fear of introjecting a dangerous external world but also by the fear of internal persecutors and an ensuing flight to the idealized internal object.

I have referred to the weakening and impoverishment of the ego resulting from excessive splitting and projective identification. This weakened ego, however, becomes also incapable of assimilating its internal objects, and this leads to the feeling that it is ruled by them. Again, such a weakened ego feels incapable of taking back into itself the parts which it projected into the external world. These various disturbances in the interplay between projection and introjection, which imply excessive splitting of the ego, have a detrimental effect on the relation to the inner and outer world and seem to be at the root of some forms of schizophrenia.

SCHIZOID OBJECT RELATIONS

To summarize now some of the disturbed object relations which are found in schizoid personalities: the violent splitting of the self and excessive projection have the effect that the person towards whom this process is directed is felt as a persecutor. Since the destructive and hated part of the self which is split off and projected is felt as a danger to the loved object and therefore gives rise to guilt, this process of projection in some ways also implies a deflection of guilt from the self on to the other person. Guilt has, however, not been done away with, and the deflected guilt is felt as an unconscious responsibility for the people who have become representatives of the aggressive part of the self.

Another typical feature of schizoid object relations is their narcissistic nature which derives from the infantile introjective and projective processes. For, as I suggested earlier, when the ego ideal is projected into another person, this object becomes predominantly loved and admired because it contains the good parts of the self. Similarly, the relation to other persons on the basis of projecting bad parts of the self into them is of a narcissistic nature because in this case as well the object strongly represents one part of the self. Both these types of a narcissistic relation to an object often show strong obsessional features. The impulse to control other people is, as we know, an essential element in obsessional neurosis. The need to control others can to some extent be explained by a deflected drive to control parts of the When these parts have been projected excessively into another person, they can only be controlled by controlling the other person. One root of obsessional mechanisms could thus be found in the particular identification which results from infantile projective processes. This connection may also throw some light on the obsessional element which so often enters into the tendency

for reparation. For it is not only an object about whom guilt is experienced but also parts of the self which the subject is driven to repair or restore.

All these factors may lead to a compulsive tie to certain objects or—another outcome—to a shrinking from people in order to prevent both a destructive intrusion into them and the danger of retaliation by them. The fear of such dangers may show itself in various negative attitudes in object relations. For instance, one of my patients told me that people who are too much influenced by him seem to become too much like himself and he "gets tired" of seeing so much of himself.

Another characteristic of schizoid object relations is a marked artificiality and lack of spontaneity. Side by side with this goes a severe disturbance of the feeling of the self or, as I would put it, of the relation to the self. This relation, too, appears to be artificial. In other words, psychic reality and the relation to external reality

are equally disturbed.

The projection of split-off parts of the self into another person essentially influences object relations, emotional life and the personality as a whole. To illustrate this contention I am going to select as an instance a more or less universal phenomenon: the feeling of loneliness and fear of parting. We know that one source of the depressive feelings accompanying parting from people can be found in the fear of the destruction of the object by the aggressive impulses directed against it. But it is more specifically the splitting and projective processes which underlie this fear. If aggressive elements in relation to the object are predominant and strongly stirred by the frustration of parting, the individual feels that the splitoff components of his self, projected into the object, control this object in an aggressive and destructive way. At the same time the internal object is felt to be in the same danger of destruction as the external object in whom one part of the self is felt to be left. The result is an excessive weakening of the ego, a feeling that there is nothing to sustain it, and a corresponding dependence on people. While this description applies to neurotic individuals, I think that in minor degrees these processes are a general phenomenon.

One need hardly elaborate on the fact that some other features of schizoid object relations, which I described earlier, can also be found in minor degrees and in a less striking form in normal people—for instance shyness, lack of spontaneity or, on the other hand, a particularly intense

interest in people.

In similar ways normal disturbances in thought processes can be related to the developmental schizoid position. For all of us are liable at times to a momentary impairment of logical thinking which amounts to thoughts being cut off from one another and situations being split off from one another; in fact, the ego is temporarily split.

THE DEPRESSIVE POSITION IN RELATION TO THE SCHIZOID POSITION

I now wish to consider further steps in the infant's development. So far I have described the anxieties, mechanisms and defences which are characteristic for the first few months of life. With the introjection of the complete object in about the second quarter of the first year marked steps in integration are made. This implies important changes in the relation to objects. The loved and hated aspects of the mother are no longer felt to be so widely separated, and the result is an increased fear of loss, a strong feeling of guilt and states akin to mourning, because the aggressive impulses are felt to be directed against the loved object. The depressive position has come to the fore. The very experience of depressive feelings in turn has the effect of further integrating the ego, because it makes for an increased understanding of psychic reality and better perception of the external world, as well as for a greater synthesis between inner and external situations.

The drive for reparation, which comes to the fore at this stage, can be regarded as a consequence of a greater insight into psychic reality and of growing synthesis, for it shows a more realistic response to the feelings of grief, guilt and fear of loss resulting from the aggression against the loved object. Since the drive to repair or protect the injured object paves the way for more satisfactory object relations and sublimations, it in turn increases synthesis and contributes to the integration of the ego.

During the second half of the first year the infant makes the fundamental steps towards working through the depressive position. However, schizoid mechanisms still remain in force, though in a modified form and to a lesser degree, and early anxiety situations are again and again experienced in the process of modification. The working through of the persecutory and depressive positions extends over the first few years of childhood and plays an essential part in the infantile neurosis. In the course of this process, anxieties lose in strength, objects become both less idealized and less terrifying, and the ego becomes more unified. All this is interdependent with the growing perception of reality and adaptation to it.

If, however, development during the schizoid phase has not proceeded normally and the infant cannot—for internal or external reasons—cope with the impact of depressive anxieties, a vicious circle arises. For if persecutory fear, and correspondingly schizoid mechanisms, are too strong, the ego is not capable of working through the depressive position. This in turn forces the ego to regress to the schizoid position and reinforces the earlier persecutory fears and schizoid phenomena. Thus the basis is established for various forms of schizophrenia in later life; for when such a regression occurs, not only are the

fixation points in the schizoid position reinforced, but there is a danger of greater states of disintegration setting in. Another outcome may be the strengthening of depressive features.

External experiences are, of course, of great importance in these developments. For instance, in the case of a patient who showed depressive and schizoid features, the analysis brought up with great vividness the early experiences in babyhood, even to the extent that in some hours physical sensations in the throat or digestive organs occurred. The patient had been suddenly weaned at four months of age because his mother fell ill. In addition, he did not see his mother for four weeks. When she returned, she found the child greatly changed. He had formerly been lively, eager for his food, interested in his surroundings. Now he seemed completely apathetic. He had accepted the substitute food fairly easily and in fact never refused food. But he did not thrive on it any more, lost weight and had a good deal of digestive trouble. It was only at the end of the first year, when other food was introduced, that he made again good physical progress.

Much light was thrown in the analysis on the influence these experiences had on his whole development. His outlook and attitudes in adult life were based on the patterns established in this early stage. For instance, we found again and again a tendency to be influenced by other people in an unselective way—in fact to take in greedily whatever was offered—together with great distrust during the process of introjection. Anxieties from various sources, constantly disturbed the processes of introjection and contributed to an increase of the greed which had been strongly repressed in infancy.

Taking the material of this analysis as a whole, I came to the conclusion that at the time when the sudden loss of the breast and of the mother occurred, the patient had already to some extent a relation to a complete good object. He had no doubt by then entered the depressive position but could not work through it successfully and the schizoid position became regressively reinforced. This expressed itself in the 'apathy' which followed a period when the child had already shown a lively interest in his surroundings. The fact that he had reached the depressive position and had introjected a complete object showed in many ways in his personality. He had actually a strong capacity for love and a great longing for a good and complete object. A characteristic feature of his personality was the desire to love people and trust them, unconsciously to regain and build up again the good and complete breast which he had once possessed and lost.

CONNECTION BETWEEN SCHIZOID AND MANIC-DEPRESSIVE PHENOMENA

Some fluctuations between the schizoid and the depressive position always occur and are part of

normal development. No clear division between the two stages of development can therefore be drawn, because modification is a gradual process and the phenomena of the two positions remain for some time to some extent intermingled and interacting. In abnormal development this interaction influences, I think, the clinical picture both of some forms of schizophrenia and of manicdepressive disorders.

To illustrate this connection I shall briefly refer to some case material. I have no intention to give here a case history and am therefore only selecting some pieces of material to illustrate my point. The patient I have in mind was a pronounced manic-depressive case (diagnosed as such by more than one psychiatrist) with all the characteristics of this disorder: there was the alternation between depressive and manic states, strong suicidal tendencies leading repeatedly to suicidal attempts, and various other characteristic manic and depressive features. In the course of her analysis a stage was reached during which a noticeable improvement was achieved: the cycle became less marked but there were fundamental changes in her personality and her object relations. Productivity on various lines developed, as well as actual feelings of happiness (not of the manic type). Then, partly owing to external circumstances, another phase set in. During this last phase, which continued for several months, the patient co-operated in the analysis in a particular way. She came regularly to the analytic sessions, associated fairly freely, reported dreams and provided material for the There was, however, no emotional response to my interpretations and a good deal of contempt of them. There was very seldom any conscious confirmation of what I suggested. Yet the material by which she responded to the interpretations reflected their unconscious effect. The powerful resistance shown at this stage seemed to come from one part of the personality only, while -at the same time-another part responded to the analytic work. It was not only that parts of her personality did not co-operate with me; they did not seem to co-operate with each other, and the analysis was unable at the time to help the patient to achieve synthesis. During this stage she decided to bring the analysis to an end. To this decision external circumstances strongly contributed, and she fixed a date for the end of her analysis, in spite of my warning of the danger of a relapse.

On that particular date she reported the following dream: there was a blind man who was very worried about being blind; but he seemed to comfort himself by touching the patient's dress and finding out how it was fastened. The dress in the dream reminded her of one of her frocks which was buttoned high up to the throat. The patient gave

two further associations to this dream. She said, with some resistance, that the blind man was herself; and when referring to the dress fastened up to the throat, she remarked that she had again gone into her 'hide'. I suggested to the patient that she unconsciously expressed in the dream that she was blind to the fact of her own illness, and that her decisions with regard to the analysis as well as to various circumstances in her life were not in accordance with her unconscious knowledge. This was also shown by her admitting that she had gone into her 'hide', meaning by it that she was shutting herself off, an attitude well known to her from previous stages in her illness. Thus the unconscious insight, and even some co-operation on the conscious level (recognition that she was the blind man and that she had gone into her 'hide'), derived from isolated parts of her personality only. Actually, the interpretation of this dream did not produce any effect and did not alter the patient's decision to bring the analysis to an end in this particular hour.10

At the stage preceding the breaking off of the analysis, some light was thrown on certain difficulties encountered in the course of this analysis and, as I may add, in others as well. It was the mixture of schizoid and manic-depressive features which determined the nature of her illness. For at times throughout her analysis—even at the early stage when depressive and manic states were at their height-depressive and schizoid mechanisms sometimes appeared simultaneously. There were, for instance, hours when the patient was obviously deeply depressed, full of self-reproaches and feelings of unworthiness; tears were running down her cheeks and her gestures expressed despair; and yet she said, when I interpreted these emotions, that she did not feel them at all. Whereupon she reproached herself for having no feelings at all, for being completely empty. In such hours there was also a flight of ideas, the thoughts seemed to be broken up, and their expression was disjointed.

Following the interpretation of the unconscious reasons underlying such states, there were sometimes hours in which the emotions and depressive anxieties came out fully, and at such times thoughts and speech were much more coherent.

This close connection between depressive and schizoid phenomena appeared, though in different forms, throughout her analysis but became very pronounced during the last stage preceding the breaking off which I have described.

I have already referred to the developmental connection between the schizoid and depressive positions. The question now arises whether this developmental connection is the basis for the mixture of these features in manic-depressive disorders and, as I would suggest, in schizophrenic

¹⁰ I may mention that the analysis was resumed after a break, when she felt again in danger of relapsing into a depression state.

disorders as well. If this tentative hypothesis could be proved, the conclusion would be that the groups of schizophrenic and manic-depressive disorders are more closely connected developmentally with one another than has been assumed. This would also account for the cases in which, I believe, the differential diagnosis between melancholia and schizophrenia is exceedingly difficult. I should be grateful if further light could be thrown on my hypothesis by colleagues who have had ample material for psychiatric observation.

SOME SCHIZOID DEFENCES

It is generally agreed that schizoid patients are more difficult to analyse than manic depressive Their withdrawn, unemotional attitude, the narcissistic elements in their object relations (to which I referred earlier), a kind of detached hostility which pervades the whole relation to the analyst create a very difficult type of resistance. I believe that it is largely the splitting processes which account for the patient's failure of contact with the analyst and for his lack of response to the analyst's interpretations. The patient himself feels estranged and far away, and this feeling corresponds to the analyst's impression that considerable parts of the patient's personality and of his emotions are not available. Patients with schizoid features may say: 'I hear what you are saying. You may be right, but it has no meaning for me.' Or again they say they feel they are not there. The expression 'no meaning' does in such cases not imply an active rejection of the interpretation but suggests that parts of the personality and of the emotions are split off. These patients can, therefore, not deal with the interpretation; they can neither accept it nor reject it.

I shall illustrate the processes underlying such states by a piece of material taken from the analysis of a man patient. The hour I have in mind started with the patient's telling me that he felt anxiety and did not know why. He then made comparisons with people more successful and fortunate than himself. These remarks also had a reference to me. Very strong feelings of frustration, envy and grievance came to the fore. When I interpretedto give here again only the gist of my interpretations—that these feelings were directed against the analyst and that he wanted to destroy me, his mood changed abruptly. The tone of his voice became flat, he spoke in a slow, expressionless way, and he said that he felt detached from the whole situation. He added that my interpretation seemed correct, but that it did not matter.

In fact, he no longer had any wishes, and nothing was worth bothering about.

My next interpretations centred on the causes for this change of mood. I suggested that at the moment of my interpretation the danger of destroying me had become very real to him and the immediate consequence was the fear of losing me. Instead of feeling guilt and depression, which at certain stages of his analysis followed such interpretations, he now attempted to deal with these dangers by a particular method of splitting. As we know, under the pressure of ambivalence, conflict and guilt, the patient often splits the figure of the analyst; then the analyst may at certain moments be loved, at other moments hated. Or the relation to the analyst may be split in such a way that he remains the good (or bad) figure while somebody else becomes the opposite figure. But this was not the kind of splitting which occurred in this particular instance. The patient split off those parts of himself, i.e. of his ego, which he felt to be dangerous and hostile towards the analyst. He turned his destructive impulses from his object towards his ego, with the result that parts of his ego temporarily went out of existence. In unconscious phantasy this amounted to annihilation of part of his personality. The particular mechanism of turning the destructive impulse against one part of his personality, and the ensuing dispersal of emotions, kept this anxiety in a latent state.

My interpretation of these processes had the effect of again altering the patient's mood. He became emotional, said he felt like crying, was depressed, but felt more integrated; then he also expressed a feeling of hunger.¹¹

Changes of mood, of course, do not always appear as dramatically within a session as in the first instance I have given in this section. But I have repeatedly found that advances in synthesis are brought about by interpretations of the specific causes for splitting. Such interpretations must deal in detail with the transference situation at that moment, including of course the connection with the past, and must contain a reference to the details of the anxiety situations which drive the ego to regress to schizoid mechanisms. The synthesis resulting from interpretations on these lines goes along with depression and anxieties from various sources. Gradually such waves of depression-followed by greater integration-lead to a lessening of schizoid phenomena and also to fundamental changes in object-relations.

The violent splitting off and destroying of one

anxiety resulted in the analyst again coming to stand for a good object which he could trust. Therefore the desire to introject me as a good object could come to the fore. If he could build up again the good breast inside himself, he would strengthen and integrate his ego, would be less afraid of his destructive impulses, in fact he could then preserve himself and the analyst.

¹¹ The feeling of hunger indicated that the process of introjection had been set going again under the dominance of the libido. While to my first interpretation of his fear of destroying me by his aggression he had responded at once with the violent splitting off and annihilation of parts of his personality, he now experienced more fully the emotions of grief, guilt and fear of loss, as well as some relief of these depressive anxieties. The relief of

part of the personality under the pressure of anxiety and guilt is in my experience an important schizoid mechanism. I should like to quote another short instance: a woman patient dreamed that she had to deal with a wicked girl child who was determined to murder somebody. The patient tried to influence or control the child and to extort a confession from her which would have been to the child's benefit; but she was unsuccessful. I also entered into the dream and the patient felt that I might help her in dealing with the child. Then the patient strung up the child on a tree in order to frighten her and also prevent her from doing harm. When the patient was about to pull the rope and kill the child, she woke. During this part of the dream the analyst was also present but again remained inactive.

I shall give here only the essence of the conclusions I arrived at from the analysis of this dream. The patient's personality was split in the dream into two parts: the wicked and uncontrollable child on the one hand, and on the other hand the person who tried to influence and control her. The child, of course, stood also for various figures in the past, but in this context she mainly represented one part of the patient's self. Another conclusion was that the analyst was the person whom the child was going to murder; and my rôle in the dream was partly to prevent this murder from taking place. Killing the child—to which the patient had to resort—represented the annihilation of one part of her personality.

The question arises how the schizoid mechanism of annihilating part of the self connects with repression which, as we know, is directed against dangerous impulses. This, however, is a problem with which I cannot attempt to deal here.

LATENT ANXIETY IN SCHIZOID PATIENTS

I have already referred to the lack of emotion which makes schizoid patients unresponsive. This goes together with an absence of anxiety. An important support for the analytic work is therefore lacking. For with other types of patients who have strong manifest and latent anxiety, the relief of anxiety derived from analytic interpretation becomes an experience which furthers their capacity to co-operate in the analysis.

This lack of anxiety in schizoid patients is only apparent. Though the schizoid mechanisms imply a dispersal of emotions including anxiety, these dispersed elements persist in the patient's mind. Such patients have a certain form of latent anxiety; it is kept latent by the particular method of dispersal. The feeling of being disintegrated, of being unable to experience emotions, of losing one's objects, is in fact the equivalent of anxiety. This becomes clearer when advance in synthesis has been made. The great relief which a patient then experiences derives from a feeling that his inner and outer world have come not only more

together but back to life again. At such moments it appears in retrospect that when emotions were lacking, relations were vague and uncertain and parts of the personality were felt to be lost, everything was felt to be dead. All this is the equivalent of anxiety of a very serious nature. This anxiety, kept latent by dispersal, is to some extent experienced all along, but its form differs from the latent anxiety which we can recognize in other types of cases.

Interpretations which tend towards synthesizing the split in the ego, including the dispersal of emotions, make it possible for the anxiety gradually to be experienced as such, though for long stretches we might in fact only be able to bring the ideational contents of the anxiety together but not the affect of anxiety.

I have also found that interpretations of schizoid states make particular demands on our capacity to put the interpretations in an intellectually clear form in which the links between the conscious, pre-conscious and unconscious are established. This is, of course, always one of our aims, but it is of special importance at times when the patient's emotions are not available and we only seem to address ourselves to his intellect, however much broken up.

It is possible that the few hints I have given may to some extent apply as well to the technique of analysing schizophrenic patients.

SUMMARY AND CONCLUSIONS

I propose to summarize some of the conclusions presented in this paper. One of my main points was the suggestion that in the first few months of life anxiety is predominantly experienced as fear of persecution and that this contributes to certain mechanisms and defences which characterize the paranoid and schizoid positions. Outstanding among these defences is mechanism of splitting internal and external objects, emotions and the ego. These mechanisms and defences are part of normal development and at the same time form the basis for later schizophrenic illness. I described the processes underlying identification by projection as a combination of splitting off parts of the self and projecting them on to another person, and some of the effects this identification has on normal and schizoid object relations. The onset of the depressive position is the juncture at which by regression schizoid mechanisms may be reinforced. I also suggested a close connection between the manic-depressive and schizoid disorders, based on the interaction between the infantile schizoid and depressive positions.

APPENDIX

Freud's analysis of the Schreber case (Freud, 1911) contains a wealth of material which is very relevant to my topic but from which I shall here draw only a few conclusions.

Schreber described vividly the splitting of the soul of his physician Flechsig (his loved and persecuting figure). The 'Flechsig soul' at one time introduced the system of 'soul divisions' splitting into as many as forty to sixty subdivisions. These souls having multiplied till they became a 'nuisance', God made a raid on them and as a result the Flechsig soul survived in 'only one or two shapes'. Another point which Schreber mentions is that the divisions of the Flechsig soul slowly lost both their intelligence and their power.

One of the conclusions Freud arrived at in his analysis of this case was that the persecutor was split into God and Flechsig, besides God and Flechsig also representing father and brother. In discussing the various forms of Schreber's delusion of the destruction of the world, Freud states: 'In any case the end of the world was the consequence of the conflict which had broken out between him '(Schreber)' and Flechsig, or, according to the ætiology adopted in the second phase of his delusion, of the indissoluble bond which had been formed between him and God . . .' (loc. cit., pp. 455–456).

I would suggest, in keeping with the hypotheses put forward in my present paper, that the division of the Flechsig soul into many souls was not only a splitting of the object but also a projection of Schreber's feeling that his ego was split. I shall here only mention the connection of such splitting processes with processes of introjection. The conclusion suggests itself that God and Flechsig also represented parts of Schreber's self. The conflict between Schreber and Flechsig, to which Freud attributed a vital rôle in the World destruction delusion, found expression in the raid by God on the Flechsig souls. In my view this raid represents the annihilation by one part of the self of the other parts-which, as I contend, is a schizoid mechanism. The anxieties and phantasies about inner destruction and ego disintegration bound up with this mechanism are projected on to the external world and underlie the delusions of its destruction.

Regarding the processes which are at the bottom of the paranoic world catastrophe, Freud arrived at the following conclusions: 'The patient has withdrawn from the persons in his environment and from the external world generally the libidinal cathexis which he has hitherto directed on to Thus all things have become indifferent and irrelevant to him, and have to be explained by means of a secondary rationalization as being "miracled up, cursory contraptions". The end of the world is the projection of this internal catastrophe; for his subjective world has come to an end since he has withdrawn his love from it' (loc. cit., pp. 456-457). This explanation concerns specifically the disturbance in object-libido and the ensuing breakdown in relation to people and to the external world. But a little further on

(pp. 461-462) Freud considered another aspect of these disturbances. He said: 'We can no more dismiss the possibility that disturbances of the libido may react upon the egoistic cathexes than we can overlook the converse possibility-namely, that a secondary or induced disturbance of the libidinal processes may result from abnormal changes in the ego. Indeed, it is probable that processes of this kind constitute the distinctive characteristic of psychoses' (my italics). It is particularly the possibility expressed in the last two sentences which provides the link between Freud's explanation of the world catastrophe and my hypothesis. 'Abnormal changes in the ego' derive, as I have suggested in this paper, from excessive splitting processes in early infancy. These processes are inextricably linked with instinctual development, and with the anxieties to which instinctual desires give rise. In the light of Freud's later theory of the Life and Death Instincts, which replaced the concept of the egoistic and sexual instincts, disturbances in the distribution of the libido presuppose a defusion between the destructive impulse and the libido. The mechanism of one part of the ego annihilating other parts which, I suggest, underlies the world catastrophe phantasy (the raid by God on the Flechsig souls) implies a preponderance of the destructive impulse over the libido. Any disturbance in the distribution of the narcissistic libido is in turn bound up with the relation to introjected objects which (according to my work) from the beginning come to form part of the ego. The interaction between narcissistic libido and object libido corresponds thus to the interaction between the relation to introjected and external objects. If the ego and the internalized objects are felt by the infant to be in bits, an internal catastrophe is experienced which both extends to the external world and is projected on to it. Such anxiety states relating to internal catastrophe arise, according to the hypothesis put forward in my present paper, during the period of the infantile paranoid (or schizoid) position and form the basis for later schizophrenia. In Freud's view the dispositional fixation to Dementia Præcox is found in a very early stage of development. Referring to Dementia Præcox, which Freud distinguished from Paranoia, he said: 'The dispositional point of fixation must therefore be situated further back than in paranoia, and must lie somewhere at the beginning of the course of development from auto-erotism to objectlove' (loc. cit., p. 464).

I wish to draw one more conclusion from Freud's analysis of the Schreber case. I suggest that the raid which ended in the Flechsig souls being reduced to one or two, was part of the attempt towards recovery. For the raid was to undo, one may say heal, the split in the ego by annihilating the split-off parts of the ego. As a result only one or two of the souls were left which, as we may

assume, were meant to regain their intelligence and their power. This attempt towards recovery, however, was effected by very destructive means used by the ego against itself and its introjected objects.

Freud's approach to the problems of schizophrenia and paranoia has proved of fundamental importance. His Schreber paper (and here we also have to remember Abraham's paper quoted by Freud (Abraham, K., 1928) opened up the possibility for the understanding of psychosis and the processes underlying it.

REFERENCES

ABRAHAM, K. (1928). (Trans. 1942.) 'The Psycho-sexual Differences between Hysteria and Dementia Præcox', Selected Papers on Psycho-Analysis.

FAIRBAIRN, W. R. D. (1941). 'A Revised Psychopathology', Int. J. Psycho-Anal., 22, 271.

FAIRBAIRN, W. R. D. (1944). 'Endopsychic Structure considered in terms of Object Relationships', Int. J. Psycho-Anal., 25, 70.

FAIRBAIRN, W. R. D. (1946). 'Object Relationships and Dynamic Structure', Int. J. Psycho-

Anal., 27, 30.

FREUD, S. (1911). (Trans. 1925.) 'Psycho-Analytic Notes upon an Autobiographical Account of a Case of Paranoia', Collected Papers III.

HEIMANN, P. (1942). 'A Contribution to the Problem of Sublimation and its Relation to the Processes of Internalization', Int. J. Psycho-Anal.,

KLEIN, M. (1932). (Trans. 1932.) The Psycho-

Analysis of Children. (London, Hogarth Press.) KLEIN, M. (1935). 'A Contribution to the Psychogenesis of Manic-Depressive States', Int. J. Psycho-Anal., 16, 45.

WINNICOTT, D. W (1945). 'Primitive Emotional Development', Int. J. Psycho-Anal., 26, 137.

THE RÔLE OF ETHICS AND RELIGION IN PSYCHO-ANALYTIC THEORY AND THERAPY 1 By MAX LEVY-SUHL, AMSTERDAM

PART I

'THE HIGHER HUMAN VALUES' AND PSYCHO-ANALYTIC THEORY

From the beginning Freud's teaching has had to face one criticism of an unscientific kind. Even in his last lectures in 1932 (Freud, 24, p. 78) he returns to the question and defends himself against the thesis that Psycho-analysis has neglected 'the higher and nobler emotions in Man'. In The Ego and the Id (1923) he has even more definitely rejected the statement that his teaching ignores the higher, moral spiritual side of human nature.

'The reproach', continues Freud, 'is doubly unjust, both historically and methodologically."

In fact, if one submits Freud's works to review from this standpoint, one is surprised how frequently moral, æsthetic and religious questions appear in them.

Even in the earliest case-history of Breuer and Freud the origin of hysterical symptoms, such as glottal spasm in Frl. Anna O. is traced back to conflicts of conscience.

For almost half a century we see Freud's scientific spirit further engaged on the task of explaining psycho-analytically the ethical problems of guilt and the need for punishment, of remorse, and the conscience, and also the religious idea of the sinner and murderer, which is unconsciously alive in all of us.

Nothing can illustrate Freud's real opinion better than his attitude to the question of responsibility for the contents of our dreams. Like Nietzsche in his fanatical ethics of truthfulness and Tolstoy in

his ascetic religious fervour, Freud also claims unconditionally even more comprehensively than they do, the moral responsibility (19, p. 73) for the evil contents of dreams, for psycho-analysis includes also the real latent thoughts lying at the basis of the dream.

Freud's protest against these criticisms rests in the first place on the historical fact that he attributes an equal share in the origin of the neurosis to the higher institutions in the ego as to the elementary animal instincts (20, p. 231). psycho-analytical theory even to-day traces every neurotic symptom back to a conflict which takes place between two opposed tendencies and of which one is represented by those higher psychical structures (16).

'We have learnt', says Freud (8, p. 50), 'that libidinal impulses are adapted to undergo pathogenic repression if they come into conflict with the subject's cultural and ethical ideas of the individual.' 'Repression', he says further, 'proceeds from the ego; we might say with greater precision: from the self-respect of the ego.'

The pathogenic conflict from which the neuroses and even psychoses originate has been presented by Freud and his pupils in numerous formulations in accordance with theoretical advances. principle of the two opposed mental tendencies, that far-reaching psychological discovery, has maintained itself unaltered. In fact, as Freud often showed, this opposition of the 'lower evil' and 'higher nobler striving' can be recognized in a simple error of performance, and immediately supplies its own explanation.

A young girl who had quarrelled with her friend

got her mother to bring about a reconciliation. She accordingly wrote a friendly letter just as before. At the close, however, a slip of the pen betraved the fact that the hostile attitude still persisted beside the friendly one, and was in conflict with She writes at the close—and it is the only slip in the letter-' and now another hatev greeting '.

Freud's conception of the ethical constitution of man I will elucidate in the following remarks. In the Additional Notes Upon Dream-Interpretation (19, p. 73) he says 'the fact of distortion in dreams. as well as the existence of anxiety dreams and punishment dreams afford just as clear evidence of his [man's] moral nature as dream interpretation gives of the existence and strength of his evil nature.'

Similarly, he says in the Ego and the Id (15, p. 75) that the normal man is not only far more immoral than he believes but also far more moral than he has any idea of.

It was the superficial study of the doctrine, narrow prejudice, and above all conventional prudery in sexual matters which made doctors and laymen blind and turned Freud's views into their opposites.

But besides these inadequate motives there existed a reasonable distrust of psycho-analysis as a science, namely, that Freud sought to explain scientifically not only the instinctual life bordering on the biological, but undertook also to apply the same method to all psychological phenomena, æsthetic, ethical and religious alike.

Is such an application of scientific method justified and possible? Has Freud been success-

Assuredly not in the sense of elucidating the physico-chemical foundations of psychical events, not in the sense of anatomical and physiological discoveries about the brain. Such an impossible aim as this primitive materialism Freud has rejected. If, however, we take science in the wider sense, about to be explained, as an attempt to determine empirically the rules and laws of psychical events, then Freud has in fact succeeded in laying the foundations of a 'Science of the Mind,' as Heinz Hartmann called it (1927). Nobody can fail to recognize that this attempt has led to great scientific and practical successes.

I should like first to show that the chief characteristics of the scientific method, according to the fundamental work of H. Rickert Uber die Grenzen der naturwissemschaftlichen Begriffsbildung, are of far-reaching applicability to psycho-analytic research.

- (1) Psycho-analysis works inductively on the basis of observation and experience.
- (2) All discoveries about psychical facts must be taken by the analyst impersonally, and must be applied by him as a scientific investigator without æsthetic or moral valuations.

(3) Psycho-analysis postulates a continuous causal relationship in psychical events, a causality which is indeed not mechanistic, like that of physics. but takes the form that every psychical event is determined or caused by a preceding psychical or physical event.

Assuredly this causal-genetic principle often requires another for its completion, namely, the teleological principle, which is one of psychological economy.

Here the question is what is the purpose of the psychical event, what is the meaning of the phenomenon, in view of the general metaphysical pre-supposition of Freud, that there is nothing without meaning in the psychical

(4) Psycho-analytic theory is directed towards deriving and explaining the whole diversity of psychical phenomena from as small a number as possible of simple psychical elements, after the manner of chemistry with which Freud compares it. In fact Freud goes so far as in the last resort to trace all psychical happenings to the quantitative dynamic interplay of only two kinds of psychic energy (10, p. 349). He explains 'the colourful diversity of living phenomena' as he says in 'Analysis Terminable and Interminable' (25). Further (24, p. 135) by the co-operation and opposition of the two primitive life impulses-sex and the death impulse, i.e. aggression-and by their distribution, fusion and diffusion.

The outcome of this first part is accordingly as follows :-

Psycho-analysis has at no time overlooked or denied the fact of the higher values in man. It has devoted itself in the first decade of its researches mainly to the study of the so-called lower impulses -the sexual impulses. Later it applied its scientific method, as we shall see, to the higher functions of the ego. This is the so-called, still incomplete. analysis of the ego. We shall discuss in the second part how far these efforts have succeeded and whether the scientific method is sufficient for thisin so far as the ethical and religious is of a metaphysical character.

Just as there is an objective science of religion. so Freud cannot be blamed for trying to apply to subjects which men regard as holy the methods which have proved so successful with the sexual impulses. At any rate, this is true as long as Freud maintains a non-evaluative, purely scientific

When he later gave this up, followed his philosophical inclinations and advanced to evaluations and estimations of a cosmological kind; when he proclaims 'Gott Logos' (25, p. 95) as the only one to whom an intelligent person and humanity can attach their hopes for the future, then he steps outside his scientific domain and exposes himself to the criticism of philosophical and theological experts.

PART II

'THE HIGHER VALUES OF THE EGO 'AND 'BEYOND THE PLEASURE PRINCIPLE'

Until the year 1920 it was an assured hypothesis of psycho-analytic theory that the course of all mental events was regulated automatically by the pleasure principle; that is to say, by the striving for pleasure and the avoidance of pain. With the assumption of this psychological working hypothesis we find ourselves in extensive agreement with the fundamental views of philosophy, especially with all those systems having a eudemonistic or hedonistic ethical orientation.

In Democritus, and still earlier in the Stoics and light-hearted Epicureans and even in Spinoza, but in the highest degree in the English philosophers of the eighteenth century, the aim of all precepts and instructions for moral behaviour, whether explicitly or not, is always to show men the way to the true happiness. Even in the most recent account by Giltay (1946), in which Epictetus is shown as having a hitherto unrecognized lofty ethical attitude, this aim of striving for happiness remains. Also, as Freud likes to point out (9, p. 319) the religions cannot avoid taking account of this deepest of human longings, since they hold up the prospect of future happiness as reward for a pious life.

Further, Immanuel Kant, the pioneer of philosophy (Kritik der prakt. Vernunft, Reklam S.29) starts out from the fact that it is necessarily the longing of every reasonable being to be happy, and that pleasure and its opposite determine his demands.

Certainly, Kant's uniquely strict ethics with its inexorable concept of duty does not count the pleasure principle as the ultimate and only regulator of our actions and omissions. His achievement was rather to show that a behaviour pattern was possible for man and could be promoted, which goes beyond the natural striving after pleasure.

Just as Kant arrived at this principle of the autonomy of morality when at the height of his investigations-his Kritik der praktischen Vernunft appeared in his sixty-fourth year-so in the same way Freud came, after decades of successful application of the pleasure principle, at the same age, to the recognition that there existed mental modes of behaviour beyond the pleasure principle. It would be tempting to study deeply and to compare this other mental principle or psychical regulator in both the two great thinkers. Our task. with which we must be content, is to present those of Freud's observations and experiences which had convinced him of the activity of another psychical power in man besides the desire for pleasure, and associated urge to self-preservation. Before we go into this, we must discuss the reality principle which Freud placed opposite to the pleasure principle, although it represents by its nature only an extension of the former.

The following may serve to elucidate the reality principle: 'Of the sexual impulses,' says Freud, 'it is immediately evident that from beginning to end these work towards the attainment of pleasure: they preserve this original function without modification. The other impulses, the ego-impulses, strive also after the sane end. But under the influence of the teacher necessity, the ego-impulses soon learn to replace the pleasure principle by a modification, that is, to become rational, to follow the reality principle.'

In this wider sense, ascetic, masochistic and altruistic actions must be ranged with the pleasure principle. Although the reality principle also aims at pleasure, it is among the most important tasks of psycho-analytic therapy always to influence the patient to abandon the immediate satisfaction of desire in favour of a more intelligent adaptation to reality.

We now return to the findings which compelled Freud in the course of the decades to the important step of completing the pleasure principle with another one.

(1) The earliest observation which Freud described as the starting point was the neurotic unconscious wish for punishment which as resistance becomes 'the worst enemy of our therapeutic endeavours', it is satisfied by the suffering which is connected with the illness and hence clings firmly to it (24, p. 140). Already in the Psychopathology of Everyday Life (2) Freud pointed out accidental injuries which were really self-inflicted injuries and which betray an ever-threatening tendency to self-punishment, which otherwise expresses itself as self-reproach.

A short example may illustrate this amazing drama in the unconscious realm of the spirit.

A young girl haughtily rejected the suit of a young man. The man married her friend, and the girl, who remained unmarried, soon afterwards suffered from 'nervousness'. As in former years, she accepted an invitation to pay a visit, apparently wholeheartedly, and according to her, against the advice of her parents.

The car in which she was to go stood before the house; then 'unaccountably', while she was still in the house, she slipped so heavily that she broke her leg. With this 'self-inflicted punishment' she not only satisfied her unconscious self-reproaches, but she extricated herself from an anticipated situation of conflict.

In this class belong also cases in which, contrary to all theory and expectation, a neurosis which has frustrated all therapeutic efforts, can vanish, if the person has entered into an unhappy marriage, has lost his fortune or acquired a serious organic illness.

(2) The unconscious sense of guilt is scarcely separable from this wish from punishment; it produces the negative therapeutic reaction which is so unfavourable for prognosis. Every improvement of the illness achieved, a word of praise or of

hope, can in these patients, contrary to the pleasure principle, produce an exacerbation. kind of moral factor is here concerned, as Freud

remarked (15, pp. 70-1).

(3) Under the title Those Wrecked by Success Freud has described a type of people who fall ill immediately their dearest wishes are fulfilled. 'The analytic work', he continues, 'soon shows us that it is the forces of conscience which forbid the person to gain the long-hoped-for enjoyment from the fortunate change in reality '(9, p. 326).

(4) To this class belongs the 'criminals from a

sense of guilt'. These are persons who, by means of some crime or other, provoke their own punishment. The cause of these enigmatic self-inflicted injuries, according to psycho-analysis, lies in a burden of guilt whose real contents is unconscious to the sufferer, that is, repressed (15, p. 342).

(5) There are neurotic and other types of persons, who by unconsciously manipulating events as if under some demonic compulsion repeatedly bring about for themselves the same unhappy situation, so that, as Freud says, they make the impression of a fate persecuting them.

(6) Lastly, omitting for a moment its erotic components, Freud sees in the fact of masochism the principal evidence for the existence of a tendency which has self-destruction as its aim

(24, p. 136).

No doubt all these acutely observed phenomena lie beyond the pleasure and reality principles. They represent injuries which the person does to himself in a social and economic respect, states of suffering of which he cannot free himself, pains and humiliations, and in short mental tortures which he brings upon himself, and which in the extreme case of melancholia can lead to suicide.

To what motive or controlling principle, or, in psycho-analytic language, to what impulse, does Freud ascribe all these unusual types of neurotic behaviour, reminding one occasionally of descriptions by Dostoievsky? 2

In view of the complexity of this new part of the Freudian theory we will first of all give the answer to this question. It is the death-instinct or what Freud equates to it, the instinct for self-destruction, for aggression, hostility to oneself, which plays a part in all psychical events that do not follow the pleasure principle.

The death impulse, the opponent and partner of the life-impulse or Eros, as we saw above, represents, according to Freud, that other principle, which reigns beyond the pleasure principle. To be more exact representation the death instinct is even the highest institution of the mental workings, and the life-instinct is subordinate to it. For however powerful and insistent sex may be in our life, as Freud says, it is nevertheless secretly applied

for its own aims by the silently and invisibly working death-instinct. It guides the return journey marked out phylogenetically by nature and safeguards the gradual descent prescribed by the repetition-impulsion, from conscious organic life to unconscious inorganic matter. This is a resigned, life-denving hypothesis or speculation which is somewhat modified in the Buddhistic sense, by the later Nirvana principle (Barbara Low), into which we do not need to enter further.

The Death Impulse

If we now examine the mental sphere of action of the death-impulse somewhat more closely, as Freud inferred it from those neurotic behaviour patterns, we find its effects in every possible form of self-destructive and aggressive tendency. There are not only the self-inflicted injuries already mentioned of a bodily and economic kind, up to the suicide of the melancholic ('like a pure culture of the death impulse' (15, p. 72)), but this sphere includes also, according to Freud, the selfreproaches, humiliations, inferiority feelings, qualms of conscience, regret and guilt feelings ranging from the slightest hint to the most tormenting state of neurosis.

We touch here unavoidably upon the relation of ethics and the death-instinct in psycho-analysis and return again to our opening question: has Freud succeeded in bringing the higher values in man, in particular ethics, under a scientific psychoanalytic explanation?

We will try to answer this question with a short historical survey.

Up to the year 1914 psycho-analysis occupied itself mainly with researches into the repressed, completely sexual urges, and their fate in the unconscious. Then Freud systematically turned his attention to the repressing instances, and so to the higher values in man, whose chief elements he described as 'religion, ethics and a social sense' (15, p. 49). His first step was to introduce in On Narcissism the conception of the ego-ideal as a model which the subject is able to construct in himself, owing to his capacity for psychical indentification, and the formation of which is stimulated by the educational influence of the parents and their later substitutes during the course of his upbringing (8 p. 53). In the year 1923, Freud set up the much wider conception of the super-ego, as a level in the ego which also includes the narcissistic ego-ideal. In this super-ego Freud believed that he had found the representation and explanation of the higher values in the ego, and therefore of religion, ethics, and social feeling. In this way he was enabled to pacify the 'agitated apprehensions' of his opponents about their survival, as he bitterly says (15, p. 47).

² For example, in The Brothers Karamazov, where the hysterical Lisa immediately after her wicked behaviour

jammed her fingers in the door till the blood oozed under

We must renounce going more closely into the phylogenetic and ontogenetic development of this psycho-analytic super-ego. To summarize shortly: Freud explained the super-ego as the heir of the phylogenetic and ontogenetic Œdipus complex, and thereby also as the source of individual morality (17, p. 264). We have only to show here that that which Freud apportions to this position in the ego in the matter of psychical function and spiritual power, really reflects in great measure what should be and is reckoned as the higher human values.

Considered in detail the Freudian super-ego, thanks to the ego-ideal in it, contains the 'germ from which all religions have evolved' (15, p. 49). Further, out of the comparison of the ego with its ideals have arisen the humility of religious feeling, the moral censorship of the conscience, the sense of guilt and the social feelings, in short, the representatives of all moral limitations: it is the advocate of the striving after fulfilment (24, p. 90). We will only consider here more exactly an especially important function of the many-sided superego, the conscience.

The Conscience

According to Freud's admirable but up to then not yet analytic description in Totem and Taboo (5, p. 114), the conscience is the inner perception of the rejection of certain wish feelings existing in us. This rejection does not need to appeal to anything else 'than that it is sure of itself'. In the same sense Kant's shortest explanation has it that the conscience is the awareness of an inner court of justice in man'. (Metaphysic of Morals. The Doctrine of Virtue, § 13.) An especial psychical institution, thinks Freud, continually observes the actual ego and measures it against its ego ideal, the conscience (8, p. 52). That man has the capacity of observing himself, of objectifying himself, made a deep impression on Freud, as he says in his later lectures (25, p. 81).

To be sure, this inner perceprive activity is not all, but only the preparation, the starting-point for the penetrating, judging, and punitive activity of the conscience. This the conscience has as its function, its strictness and lovelessness, its character of 'shall', the categorical imperative of Kant, as Freud likes to say, because its whole activity takes place beyond the pleasure principle and because it expresses the aggressive tendency of the death impulse, which is so definitely an opposite to the sexual life (25, p. 84).

In order then to obey the social demands of his conscience, 'man must sacrifice the pleasure principle as the psychical regulator, and as the determining cause of his actions' (Kant). That is the last result to which by means of Freud's hypothesis of the death impulse the psycho-analytic explanation of the higher values in man leads. In order to elucidate this complicated state of affairs

again; the struggle of the higher human values of the social with the claims of the natural impulses means, in psycho-analytic terms, the struggle of the instinct of death or self-destruction with the sex or life-instinct. Every victory of the moral institution means therefore a victory of the death impulse, in which form also this opponent of sex manifests itself, in torments of the conscience and guilt feelings or self-condemnation and self-punishment, which can go as far as atonement through suicide. In the same strict inexorableness, the Kantian ethics also demand that man should rather bring death upon himself than disobey the recognized commands of duty. It is difficult to imagine a more magnificent scientific and biological theory of the deepest ethical problems. But this explanation stands or falls according as one can accept or not the speculative assumption of the death impulse.

E. Jones, one of the oldest of Freud's adherents, has spoken in a short essay 'Psycho-analysis and the Instincts' (1936) of the mixed reception that the doctrine of the death impulse had inside and outside psycho-analytic circles. He has expressed his doubts about it here and in earlier papers.

Freud himself, who was always aware of the daring nature of this doctrine, and who declared that he gave free rein to his inclination to speculation, was convinced of its empirical application and still more of its correctness, especially of the We also existence of an impulse of aggression. think that it is difficult to believe in the existence of an impulse whose claims, unlike those of the hunger and sex impulses, are never felt by healthy persons, whose full satisfaction would be possible only once, if at all, and of which no one can have any experience. It is even more difficult for us to imagine the activity of the death-impulse when we consider the indestructible life-impulse of all beings, and warding off of death right up to advanced age in health. This obstinate holding on to life, even under the most terrible inhuman conditions, has been confirmed a thousandfold in the last years by the barbarous sacrifices in the concentration camps.

But, just as a bold hypothesis has often before led to great discoveries in spite of incorrect premises, so has the brilliance and courageous consistency of Freud's speculation made many psychopathological phenomena and enigmatic forms of behaviour intelligible and at the same time showed how the neurotic has his spiritual roots in ethics.

The practical working out of these discoveries will be described in the following therapeutic section.

PART III

THE ETHICAL AND RELIGIOUS FACTOR IN THE PSYCHO-ANALYTIC HEALING PROCESS

The surrender of the pleasure-pain principle as the only regulator of psychical events, and in connection with this the modification of the theory into one of life- and death-instincts, however important it was yet allowed the corner-stone of psycho-analysis, which rested on the basis of assured experience, to remain firm. That is true especially of the therapeutic technique. It is in all essentials unaltered at the present day as we received it from Freud's hands in its last formulation in 1914.

On the other hand the theoretical questions of therapy, as to the ultimate aim of treatment, the true healing nature of the real curative factors, the last lever for the transformation of the neurotic, are still more than ever the subjects of discussion.

The 'Symposium on the Theory of the Therapeutic Results of Psycho-Analysis' held at the Marienbad Congress, by Bergler, Bibring, Fenichel, Glover, Laforgue, Nunberg, Strachey, Alexander, French and Searl (Bergler and Others, 1937), brought no agreemnt or clarity. The chief reason for this unsatisfactory result I see in the fact that in the scientific theory of psycho-analysis as we saw, it is a question of dissecting the complicated mental structures into ever simpler elements and of describing them as objective dynamic natural events. In psycho-analytic therapy we have conversely to seek out the subjective individual experiences, to synthesize the material obtained in analyses, to induce the patient to perform mental acts of his own free will. In short, as Freud himself explained: (4, p. 246) 'A psycho-analysis cure is not an impartial scientific investigation, but a therapeutic measure. Its essence is not to prove anything, but merely to alter something in the individual.'

Every attempt made by authors to grasp the healing process intellectually by means of the concepts and terminology of the theory of psychoanalysis must accordingly prove insufficient. We need not go into them, because the therapeutic factors we have placed here in the foreground, the ethical and religious factors, have only received quite sporadic attention. I refer to Pfister, Mueller-Braunschweig, Rümke, Giltay, Græneveld—not to mention the English authors.

In order to meet a false conception, I make the following premise: Our concept of 'ethical' is independent of every conventional moral idea and our concept 'religious' is independent of ecclesiastical precepts and creeds. Far be it from me to think that I have so to speak discovered the therapeutic significance of these spiritual forces. Rather, it can only be that Freud possessed a deep implicit knowledge of the things concealed by other concepts, and that he made use of these psychical forces to help in his treatment, either avowedly or unavowedly.

In fact we find in Freud himself, alongside the simplest psycho-analytic scientific formulations of therapeutic aims, the most magnificent general psychological descriptions, and over and over again the rôle of the ethical, in which whatever guise it appears.

From the beginning he has shown, as a characteristic feature of psycho-analytic therapy as opposed to hypnotism, that it demands an active co-operation from the patient. 'Analytic treatment', he says later, 'makes as great demands for efforts on the part of the patient as on the physician efforts to abolish the inner resistances.' (Introd. Lect., 1929, p. 277.)

Technically this co-operation of the patient is in the direction of associative and not ordinary thinking. The moral basis and indispensable condition for this is the sincerity of the analysand and his efforts to follow out the rules. Freud asserts that the duration and success of the cure depends on the measure of the patient's conscientiousness in this respect (*Introd. Lect.*, 1929, p. 293). He says in another passage: 'Psycho-analytic treatment is founded on truthfulness; a great part of its educative effect and its ethical value lies in this fact' (15, p. 383).

It is undeniable then that the great teacher has stated that an ethical achievement is an essential therapeutic agent. But it is not this general ethical condition of every psycho-analytic cure that is the subject of my lecture. My task is rather to show in particular the contribution of the ethical and of the religious factors which are necessary to healing, especially for overcoming the last barriers which according to Freud can oppose the completion of an analytic cure (25).

In 'On Beginning the Treatment' (1913) (6) Freud described the following as the dynamic principles of therapy: The first is the suffering of the patient and his wish to be cured which arises from it. The second he describes as the transference which makes energies mobile in him that he can apply to the overcoming of resistances. Besides these are the 'patients intellectual interest and understanding'. But this alone is hardly worth considering by the side of the other forces engaged in the struggle, for it is always in danger of succumbing to the clouding of reasoning power under the influence of resistances. Summarizing, Freud says: 'The new sources of strength for which the sufferer is indebted to the analyst resolve themselves into transference and instruction by explanation.'

In the following work 'On Technique' (7, p. 375), Freud completes this description by the direction for 'working through' the resistances: 'One must allow the patient time to get to know this resistance of which he is ignorant and to "work through" it to overcome it by continuing the work according to the analytic rule in defiance of it.' This working through the resistances, although burdensome for the patient and a test of endurance for the physician, is that part of the task which has the greatest effect in changing the patient. What is the meaning of this last important therapeutic

factor? Is there perhaps hidden in it what we can describe as ethical and religious processes?

While some of the investigators, like Strachey (1934), think that they can find no place for the 'working through' in their theory of therapeutics, there does not seem to me to be in the writings of other authors, up to the most recent of Hel. Deutsch (1939), any explanation of the true nature of the difficult achievement of the patient in the 'working through' process.

In any case we find in the exact presentation by Fenichel (1933) nothing that points to the ethical and religious significance that we assume.

And so it seems as if psycho-analytic therapy achieves its purpose only through the intellectual forces indicated by Freud, supported by the love-transference, therefore through 'God, Logos' and 'Demi-god Eros'—according to Plato's conception. In this case the transference is, according to Freud, not a psycho-analytic healing factor in itself: it has rather the importance of a suggestion, and its success does not extend further than a suggestion (18, p. 76).

Where, then, do our ethical and religious factors lie?

We find them in the following way. Already quite early Freud had recognized psycho-analysis as an education or re-education for the overcoming of inner resistances.

It is easy to see, and every true pedagogue shows it to us, that for such an educational task in which, according to Freud, a permanent spiritual alteration in the patient must be brought about (16, 21), more is necessary than an appeal to the understanding, or than tuition and practice in the fundamental rules. What are these other spiritual forces? Freud himself betrayed it to us in his doctrine of repression, in the 'Foundation-stone of Our Understanding of the Neuroses' (18, p. 53).

We must now concern ourselves with this.

Repression

The repressed is that which is shut off from consciousness. It is banished to the realm of the unconscious through resistance and countercathexis. The biological purpose and immediate use of this defensive mechanism lies in sparing the ego the unpleasant knowledge of the content of the repressed and its claims.

Psycho-analytic therapy has the opposite aim. It must and will, in fulfilling its purpose, remove the resistances and make conscious the repressed material with its pain and its claims on the ego.

We now state that for the liberation and making conscious of the repressed material, ethical or religious achievements cannot be dispensed with. And this is because the previous act of repression was carried out not merely under the influence of forces of the real world but also in order to escape from the commands and prohibitions of the ethical and religious inner life.

If we wish therefore to reverse the repressions, to correct the once fateful reaction, and to replace them subsequently by a more healthy and normal reaction, we must make up for omissions of an ethical and religious kind.

However unfamiliar this way of putting the matter may be to the psycho-analyst, who is concentrated only on the scientific way of thinking, we find a good support for our conception in what Freud himself has said about the nature of the repression.

In his 'Short Outline' (16), he says: 'Repression affects the emotions of selfishness and cruelty, which one can group together as wicked; above all, however, the sexual wish-stimuli of the most lurid and forbidden kind.' And further (11, p. 279), 'Even though man has repressed his evil desires into his unconscious, and would then gladly say to himself that he is no longer answerable for them, he is yet compelled to feel this responsibility in the form of a sense of guilt for which he can discern no foundation.'

As a matter of fact the act of repression means for Freud, from the beginning, more than a simple not taking account of, or intellectual ignoring of, forbidden emotions. It is a question of something more serious. To express it popularly: repression follows the egoistic-immoral principle 'what I know not matters not'. It revolves round the moral responsibility, connected with knowledge, for the contents of the repressed material, from which the person, or at least the neurotic person, obviously cannot escape unpunished: for he would by rights have had to take it upon himself, just as we, according to Freud, have to bear it for the wicked contents of our dreams.

Hence is explained the well-known fact, which is a difficulty in any analysis, that the making conscious of a repressed emotion or deed, and our interpretation, by no means causes the repressed symptom to vanish. The knowledge of the origin of the symptom and the simple remembering cannot heal because it is not sufficient to bring about the necessary ego—or character—change.

Accordingly Jones (1923) also says that the making conscious of the repressed material is by no means the real aim of analysis, but only blazes the trail. Still more definitely Freud explains in various passages (8, p. 50; 15, p. 16), that repression never means merely the defence against the intellectual awareness, but that repression always aims at renunciation and the demands connected therewith, to which one has to subordinate oneself.

Even in the earliest case-histories of Breuer and Freud, which were published in 1895, we meet this moral participation in the act of repression. Objectively considered, the repressional symptom of the young girl, the pain in her thigh, was the natural displacement of libidinal energy on to this part of the body. Looked at subjectively and from a normative standpoint it was the retreat from a

threatening moral conflict—an escape from a difficult mental situation, a so-called conversion

symptom.

'Something out of which psychic pains could have, and should have, been formed', as Freud says (1), 'was replaced by an apparent bodily illness, for which the individual could believe he had

no responsibility.'

'Repression is', according to Freud (23, p. 136; 18, p. 52; 3, p. 278), 'a primary mechanism of defence, comparable to an attempt at flight,' and was only a forerunner of the later-developed normal condemning judgment. It is a primitive, natural, archaic way, we might say, of which the civilized person makes use to his detriment. It is, according to Freud, on the one hand, an automatic defence mechanism of the ego, on the other an act of moral hesitation. The purpose and success of this automatism is always to prevent the demand of an impulse and the psychical conflict attached to it from reaching the tribunal of consciousness. Stated otherwise, it aims at not exposing itself to the risk of the imminent decision or, in Freud's words, to escape from the judgement 'which could lead to acceptance or rejection of the claims of the impulse'.

From this point of view it becomes the task of psycho-analytic therapy to replace the repression by a temperate and purposeful control on the part of the highest mental faculties ' by conscious

condemnation (4, p. 285).

However the repression originated, how much or how little the neurotic is responsible and how much 'predisposition and destiny '-the analyst refrains in his technique from every moral assessment—it is necessary for healing that we remove the resistances through which the repression and its pathological consequences are maintained and defended.

The Resistances

Freud has at times presented five different kinds of resistance which he ascribes partly to the ego, partly to the id and the super-ego (21, p. 149).

We turn to the resistance which Freud in the Ego and the Id describes as the 'strongest hindrance to recovery' and regards as more difficult than the 'narcissistic inaccessibility' of the sufferer.

(a) The Resistance of the Burden of Conscience.

Of what kind is this most difficult type of resistance?

It is in no sense an intellectual kind. For as Freud says: 'The intellectual resistances are not the worst, one is always superior to them.' The characteristic of this most difficult type of resistance is rather 'a moral factor a sense of guilt' (15, p. 71). It is the resistance of the super-ego which originates in the need for punishment and in the sense of guilt, and is described by Freud again in 'Analysis Terminable or Interminable' (26) as a force 'which resists recovery

with every means and continues to hold fast to the illness and symptoms'. It is one of the two bulwarks which, according to Freud, can make the completion of a psycho-analytic cure impossible. We have met 'this worst enemy of our therapeutic efforts' already in Part II. We saw that in such conditions the normal striving for pleasure and happiness had been removed, the psychical reactions are no longer directed by the pleasure principle, and a negative therapeutic reaction results, if we express praise or hope. The course of mental events is here dominated by that 'beyond the pleasure principle', by the deathimpulse, by aggression against the self. In other words, it is ruled by the moral institutions of the super-ego, by the conscience.

No wonder, therefore, if all means of influence founded upon the pleasure and reality principles, which Freud has put into our hands, fail here; namely, that we offer the ego profit and reward if it renounces the resistance, and we try to reduce the too high claims of the super-ego, to moderate the too strongly limited happiness of civilization, or, in other words, to bring the patient to a greater tolerance of himself (25).

In vain! Those methods have no market value in the realm of the death-impulse: they contain for the patient a threat to his present inner balance which he has laboriously constructed by means of the symptoms through the sense of guilt and selftorture. Through the burden of his suffering and the self-accusation he seeks, as F. Alexander especially emphasizes, to bribe his super-ego, or, as Freud said, he anticipates the recovery as a danger.

In order to make this clearer, let us imagine a patient of a compulsive and depressive type, who tortures himself with self-reproaches and guilt feelings because he has caused the death of his father with a few drops of medicine, actually harmless. The guilt feeling is, in its contents, not justified by reality and in fact is absurd. Nevertheless, all contrary arguments and consolation are without effect, strike no chord, even excite him. Actually the senseless and therefore pathological guilt feeling about the harmless deed is nothing but a distortion, extenuation or disguise of the justified, but still more serious, feeling of guilt about a really wicked transgression, namely, the death wishes and murder impulse against the father, which he would have had to experience if he had not withheld it from consciousness by an act of repression and withdrawn it from the decision of his judgement and responsibility in all its frightfulness.

(b) How do we Overcome this Resistance, this Last Bulwark?

The other forms of resistance protect repressed impulses mainly of a sexual nature. Of whatever kind they may be, they belong in any case to Eros and the life-impulse. In the analysis we must free them from their disguise as symptoms, remove from them their satisfaction and so put right the wrongful act of repression. We encourage the patient during the cure to admit to consciousness his impulse-emotions in their true form and intention, and thereby subject them to the decision of responsible judgement.

In our super-ego resistance we have also to put into reverse the illegitimate act of repression and the deceptions arising from it—in our example the meaningless self-accusations. Here, however, the true contents of the repressed matter is of a much more dangerous and morally more degraded kind. The self-condemnation about the true contents and the sense of guilt adequate to it, demand much more severe self-aggression or qualms of conscience; the suffering produced by the meaningless pathological self-condemnation is not severe enough.

Here is the task of the analysis to stimulate the patient to submit himself in still stronger measure to the demands of the super-ego or conscience, to self-destruction, according to Freud, the categorical imperative according to Kant, to be ready to take upon himself still more suffering, to resign himself to his self-condemnation. In other words, not through the help of tolerance and insight, in which the 'life-impulse' reigns, but through the appeal to the conscience institutions with their injunction to truthfulness, uprightness, sacrifice when duty demands, and therefore, beyond the pleasure principle we overcome this resistance. That, however, we call an ethical achievement.

(c) The Resistance of the Narcissism and its Removal.

We have now to consider the second of the bulwarks against which our therapeutic efforts can come to grief. It is the opposition of human narcissism of which Freud said in his *Lectures* that in its extent there is a limit to the ability to influence the patient, 'even with the best analytic technique' (11).

Just as we declared above that an ethical change is necessary so we state that here a religious change must take place—religious not in an ecclesiastical but in a wider sense.

Freud says with a certain resignation in the 'Analysis Terminable or Interminable' (26) that at no time in the analytic work does one suffer more the depressing feeling of unsuccessfully repeated efforts, under the suspicion that one is preaching sermons to stone, than when one wants to move a woman to give up her penis wishes as impossible, and when one wishes to convince a man that a passive orientation in a man has not always the significance of a castration and in many circumstances of life is unavoidable.

The ultimate motives of this opposition are of quite a different kind from those of the resistance of the super-ego. In that case the ego did not wish to take upon itself the whole burden of its guilt, and the deserved strictness of the conscience. Here the person, in his self-love, and the vainglory and arrogance associated with it, refuses, as Freud once said, to submit to the necessity to which all others are subject. The woman will not accept the female function and make the renunciation which is enjoined upon her by Nature, destiny, or God. The man analogously will not be content with the more modest rôle allotted to him and demanded of him by the community. He will not be bound by any debt of gratitude, in his ego-pride and arrogance, to any other man or father-figure.

If we try to derive these modes of behaviour genetically in the psycho-analytic treatment, and to analyse them as deeply as possible to rock-bottom, it is indispensable for the purpose of cure to keep before one the religious aim, so to speak; that is, to move the patient, man or woman, to moderate his narcissistic striving after pleasure, to give it satisfaction in a socially more justified form, to sublimate it, to orientate himself with more devotion and humility—concepts not alien to Freud—to life and towards his fellow men. In short, to induce him to lower the proud pedestal upon which he has placed his ego: in the sense of the Bible, to be 'uplifted'. 3

That, however, corresponds to the most general demands which every religion asks of man: their other commandments lie outside our territory.

Summary

For the conquest of the resistance of the superego, we must appeal to the rigour of the conscience; that is, to forces beyond the pleasure principle, in Freud's words, to the death-impulse. In direct opposition to this, we apply to the battle against the barriers of narcissism, the motive force of the pleasure principle, in its highest form the reality principle. We appeal here to the life-impulse, to God, Eros, while we present the prospect of healing and happiness of a higher kind. In the psychoanalytic sense we help to build up a higher narcissistic ego-ideal, and here we are in agreement with religion, in which the motives of love and human longing for happiness are of the greatest significance.

The scheme of the opposition described here between ethical and religious behaviour requires some modification and our psycho-analytic considerations show us at once the way to it.

According to Freud (15, p. 71) the strongest of the resistances is the moral one of the guilt feeling; not only in the severe neuroses, but, in my opinion, as I stated in *Spiritual Healing Methods of the Physician*, 1930, in one way or another in every neurotic, or in every human being. In the *Lectures* (1932) (24, p. 140), Freud says: 'It appears that the unconscious need for punishment plays a part

in every neurotic illness.' We must take this resistance into account therefore therapeutically, where the narcissistic barriers seem to overcome everything.

Conversely, where the repression of the demands of conscience stands in the foreground as the moral factor, a piece of nareissistic humiliation, in the religious sense, will be necessary for healing, as I have demonstrated in my Function of the Conscience in the Neurotic Diseases (1932).

I am now at the end of my lecture, which is meant to show on the one hand what a great significance the 'higher values in man'—according to Freud religion, ethics and social sense—have always had in psycho-analytic theory, and have led in 'Beyond the Pleasure Principle' the highest ethical problems. On the other hand it was my intention to show that in psycho-analytic therapy and perhaps in psycho-therapy in general, processes of an ethical and religious kind work together and are indispensable.

Lastly, that with the free recognition of this state of affairs, neither the scientific basis nor the respect of our medical craft are impugned. Rather, we think, is psycho-analytic therapy in this way being shaped just as which Freud, in Lay Analysis expected (18); namely, that it would become a secular 'cure of souls' and that through it we should practise the 'cure of souls' in the best sense of the words.

REFERENCES

BERGLER AND OTHERS (1937). 'Symposium on the Theory of the Therapeutic Results of Psycho-Analysis', Int. J. Psycho-Anal., 18, 125-170.

Deutsch, H. (1929). Psychoanalytische Almanach.
—— (1939). Int. Z. Psychoanal.

Emargana (1005). Test 7 Deserte

FENICHEL, O. (1935). Int. Z. Psychoanal.

- (1) FREUD, S. (with Breuer, J.), (1895). (Trans. 1936). Studies in Hysteria, New York. Nervous and Mental Disease Publishing Company.
- (2) (1904). (Trans. 1914). The Psychopathology of Everyday Life, London, Fisher Unwin.
- (3) —— (1905). (Trans. 1916.) Wit and its Relation to the Unconscious, London, Fisher Unwin.
- (4) 1909. (Trans. 1925.) 'Analysis of a Phobia in a Five-Year-Old Boy', Collected Papers, 3.
- (5) —— 1913. (Trans. 1919.) Totem and Taboo, New York, Moffat Yard.
- (6) —— 1913. (Trans. 1924.) 'On Beginning the Treatment', Collected Papers, 2.
- (7) —— 1915. (Trans. 1924.) 'Further Recommendations on the Technique of Psycho-Analysis', Collected Papers, 2.

- (8) 1914. (Trans. 1925.) 'On Narcissism', Collected Papers, 4.
- (9) 1915. (Trans. 1925.) 'Some Character Types met with in Psycho-Analytic Work', Collected Papers, 4.
- (10) —— 1917. (Trans. 1925.) 'One of the Difficulties of Psycho-Analysis,' Collected Papers, 4.
- (11) —— 1917. (Trans. 1925.) Introductory Lectures on Psycho-Analysis, London, Allen & Unwin.
- (12) —— 1920. (Trans. 1922.) Beyond the Pleasure Principle, Internat. Psycho-Anal. Press.
- (13) —— 1921. (Trans. 1922.) Group Psychology and the Analysis of the Ego.
- (14) —— 1923. (*Trans.* 1943.) 'Remarks upon the Theory and Practice of Dream Interpretation', *Int. J. Psycho-Anal.*, 24.
 - (15) —— 1923. (Trans. 1927.) The Ego and the Id. (16) —— 1924. 'Psycho-Analytic Exploring',
- These Eventful Years, Encyc. Brit. Publishing Co. (17) —— 1924. (Trans. 1924.) 'The Economic
- Problem in Masochism', Collected Papers, 2.
 (18) —— 1924. (Trans. 1933.) An Autobiographical Study.
- (19) —— 1925. (Trans. 1943.) 'Some Additional Notes upon Dream Interpretation as a Whole', Int. J. Psycho-Anal., 24.
- (20) 1925. 'Die widerstände gegen die Psychoanalyse Gesammelte Schriften', 11.
- (21) 1926. 'Psycho-Analysis', Encyc. Brit., 13th edit.
- (22) 1926. (Trans. 1936.) Inhibitions,
- Symptoms and Anxiety.
 (23) —— 1926. (Trans. 1926.) The Future of an
- Illusion. (24) —— 1925. (Trans. 1925.) Civilization and its Discontents.
- (25) 1933. (Trans. 1933.) New Introductory
- Lectures. (26) —— 1937. (Trans. 1937.) 'Analysis Ter.
- minable and Interminable', Int. J. Psycho-Anal., 18-GILTAY, 1946. De levende Epictetus, Gravenhage Van Stokum en Zoon's.

HARTMAN, HEINZ, 1927. Grundlagen der Psychoanalyse, Leipzig, Thieme.

- Jones, E. (1923). Papers on Psycho-Analysis, 3rd edit., p. 140.
- (1936). 'Psycho-Analysis of the Instincts' Brit. J. Psychol.
- Kant, I. Kritik der praktischen Vernurft, Reklam.
 Metaphysic of Morals, The Doctrine of Virtue.
- Levy- Suhl (1930). Spiritual Healing Methods of the Physician.

— Function of the Conscience in Neurotic Diseases.

RICKERT, H. Uber die Grenzen der naturwissenschaftlichin Begriffsbildung.

STRACHEY, J. (1934). 'Nature of the Therapeutic Action of Psycho-Analysis', Inter. J. Psycho-Anal., 15.

SAINT AGATHA AND THE TUESDAY WOMAN

By GÉZA RÓHEIM, NEW YORK

In a very interesting paper on the cult of Saint Agatha, Violet Alford (1941) discusses the transformation of Saint Agatha 'who once perhaps was

Ceres' into Santo Gato, a cat saint. In the Toulouse region this Cat Saint shows a peculiarly vindictive spirit toward women who disobey her well-known rules. The following is a typical story from the Pyrenees. On St. Agatha's Eve a woman stayed up late to spin. At nine o'clock someone knocked at the door. A strange woman came in. She announced 'I will spin too', was given wool and set to work. She span at a furious speed four times faster than her hostess who took fright and ran out to tell the neighbour. The neighbour advised her to go back and cry out as she entered 'The cemetery is on fire'. The strange spinner ran out immediately, crying 'Tomy little home.' But she came back again to say that the woman of the house had only just saved herself from death, as it was her own shroud she was spinning. (Quoted by V. Alford from J. Vezian.) In another version a woman announced that she was going to begin washing but her neighbour reminded her it was Saint Agatha's day and that work was forbidden. The woman impatiently cried 'Santo Gato gatara e la ruscado se fara' ('Saint cat shall kitten and I shall have my wash'). But immediately a sort of cat appeared in the chimney corner. This creature cried 'Empty it, empty it' every time the cauldron had to be emptied. The terrified woman ran to her wise neighbour. She was told to go to the window when it was time to empty the last cauldron and to cry out the cemetery is on fire. The cat howled 'To my little home' and fled. The cat was the Saint risen from her grave to punish the woman for not observing her day. (Alford, 178-9.) In order to find the closest parallels to these narratives we have to jump far from the Pyrenees to Transylvania. Rumanian women will not work on Tuesday evening and in some villages the men will also abstain from work. Washing and everything connected with it as well as spinning are especially taboo. Unclean thoughts and acts are also prohibited. People are not supposed to think of sex and both married and unmarried are to abstain from intercourse. The same rule is valid for Saturday evening because they should be clean on Sunday when they go to church (Szabó 1910; Róheim 1913, 35; 1920, 179). If one does not respect these injunctions one is liable to be punished by the marti seara (Tuesday Evening). She appears in various forms but mostly as an old woman.

The old woman is haggard, hunchbacked, emaciated, or she may be very tall but thin with a single tooth. She has white garments, long, unkempt, flowing hair like the furies. Hairy hands and horses' feet or a horse's tail are also characteristic features of the marti seara. Her hand may be like a hare's foot.

She can take the shape of many animals. Sometimes she is a black or grey dog or a grey cat which suddenly assumes the proportions of a horse (Szabó, op. cit., 34, 35).

If a woman spins on Tuesday evening she compels her to spin innumerable spindles or she entangles the skein on the weaving loom. When the woman uses the reel she ties the thread around her neck. If the woman washes she sticks her head-first into the cauldron. She makes the woman who works on Tuesday night fall asleep and while asleep she cuts her hair. Or she makes her work till she is utterly exhausted. She lifts her into the air and carries her on her back. She entangles cattle in their stables among the ropes or throttles them (Szabó, 36, 37).

All these aspects show without a doubt that she belongs to the *nightmare* category. The choking sensation, the lifting up in the air and the direct reference to dreams bear this out. (Cf. L. Laistner, 1889, 1, 41.)

The narratives themselves may therefore be based on actual dream experiences.

A woman was washing on Tuesday evening. A tall woman opened the door, 'I have come to help you,' she said. 'Thanks,' was the reply. The stranger left and came back with a piece of the fence. She lit it and the frightened housewife ran to her neighbour, a midwife, asking for advice. Then, following the midwife's advice, she went back and shouted through the window, 'The hills of Galarea are burning!' Whereupon the strange woman rushed out, 'My children will perish in the flames,' she screamed. Then the farmer's wife went back to the midwife, and the midwife advised her to turn every pot upside down except one. The Tuesday Witch (another name for the same supernatural being) came back and asked to be admitted. She called the pots to help but they did not come to open the door. The one pot that had not been turned upside down tried to open the door but it broke its leg in the attempt (Roska, 1912, 98, 99).

A woman offered her assistance to another woman who was washing on Tuesday night. The strange woman was the marti seara (Tuesday Night). The peasant woman ran out and screamed 'The hill is aflame! My children will perish in the fire' (Szabó, loc. cit., 234). The 'Tuesday Night' rushed away terrified. The peasant woman turned all the pots upside down, and so prevented 'Tuesday Night' from re-entering the house (ibid).

Another woman who was spinning that day called her neighbour to help her. A big white woman appeared at the window. She shouted 'My God! The forest is burning, my children will perish'. 'Tuesday Night' ran away (ibid., 235) On the island of Barra (Western Hebrides) a woman was in a hurry to have her stock of wool spun and woven and one night she secretly wished to have some woman help her. So the following morning there appeared at her house six or seven fairy women in long green robes, all alike, chanting 'A wool card and a spinning wheel'. They all set to work and by midday the cloth was being woven on the handloom. They asked for more and more work. A neighbour then gave her the advice to yell in at the door 'Dun Borve is on fire'. The

fairy women disappeared wailing, 'What will become of our hammers and anvil?'—for there was a smithy in the fairy dwelling (Wentz, 1911).

In this version the tabooed work and the specified time (St. Agatha's day, Tuesday evening) are missing. Instead we have the desire of the worker for helpers. In a Tübingen version the white ladies or *Erdweiblein* appear in the spinning room but suddenly they hear a voice at the door, 'O Weh, O Weh, der Heuchelberg brennt'. And one of them says 'O my poor children!' and they disappear like the wind (Laistner quoting Meier, 1852).

At Brahlsdorf in Mecklenburg a peasant woman complains that she cannot get to the end of her spinning. To her great amazement more and more spinning women come to assist her. The work is soon finished and next they want a big cauldron to boil and wash the tow. So she goes to a neighbour and asks her to lend her a big cauldron. The other woman tells her that the 'subterranean ones' (die Unterirdischen) really want to boil her in the cauldron. Then she is told what to do. She has to shout through the door 'The Butterhill is burning, the Butterhill is burning.' Then they are all to run because the Butterhill is the way out for the dwellers under the earth ('der Ausgang der Unterirdischen'). They will try to return, but if they find a broom crosswise at the door they cannot enter (Bartsch, 1879).

In the Russian versions of the same story we again find the taboo on a certain day of the week as the motive for the appearance of the supernatural being.

In the Ukraine we find the following story. A woman was getting ready to soak her linen in lye on a Wednesday. An old hag appeared in the room. She was Wednesday. She told the woman that this was forbidden on Wednesday. 'Take care of the hot water and put your children into the pot' said the hag. 'Certainly', replied the woman, 'but I must go and get some wood'. Later she came back and shouted, 'Listen, hag, the hills and the valleys are all on fire and the children are in the midst of it '. 'Who taught you this?' replied the hag, and went away. In a similar story the woman says 'Oh, what has happened in the world? Children are on fire in the midst of it.' The Wednesday was a tall, haggardlooking woman (Onisčuk, 1912), like the Tuesday in Rumanian folk-lore.

We can hardly assume that exactly the same formula has been invented independently in the Pyrenees and in the Ukraine. This means that we have to assume a very widespread diffusion of folk-lore in medieval Europe. In the case of folk-tales this is generally recognized but it must also be true of this kind of narrative. If by legend we mean narratives about Christian saints, this is not a legend, if by myth we mean stories about the

gods this is not a myth and obviously it is not a folk-tale (Märchen). It is a narrative about the demons of folk-lore and the identity of form from the Ukraine to the Hebrides (or vice versā) presupposes contact of a different kind than the migration of 'Märchen', i.e. narratives that are not a matter of belief.

The appearance of the demon is based on two seemingly quite different motives. One is the taboo on working—the demon woman punishes the worker. The other is the unfinished task—the demon woman (or other demons) continues the work and frequently also punishes the worker. But before we go on to discuss the latent meaning of the story we shall have to say something, we shall have to give some data on the historical background and inter-relatedness of these Tuesday Women and Wednesday Women in the folk-lore of Eastern Europe.

According to a belief found in some counties of Hungary, washing on Tuesday is forbidden and, if anybody does it, the Tuesday Woman (Kedd Asszonya) will punish them. Ipolyi asks who is this Tuesday Woman? Perhaps the Virgin Mary? (Ipolyi, 1854.)

Further relevant data were obtained by L. Kálmány a Catholic priest. He goes on to enumerate the taboos on working on Tuesday in the villages around Szeged. Washing seems to be especially taboo, a woman who washes on Tuesday puts the hand of the Virgin Mary into hot water (Kálmány, 1885). Hungarians call the Virgin Mary boldog asszony, i.e. beata femina. Kálmány goes on to prove that Tuesday is the day of the Nagyboldog asszony, i.e. magna beata femina. He interprets this as the name of a heathen goddess and fails to notice that what his flock is talking about is Saint Anne, i.e. Mary's mother. Katona, however, showed quite clearly that in Hungarian medieval legends (Codex Teleki) Tuesday is the day of St. Anne, i.e. her birthday (Katona, 1905; Borbély, 1912). From a psychological point of view it does not make much difference whether it is the Virgin Mary or St. Anne, in any case it is the day of birth or motherhood. Katona fails to understand how Tuesday can also be a day of auspicious beginnings. There is, of course, a linguistic reason for this: kedd is Tuesday and kedvezö is auspicious. But apart from this it is obvious why Tuesday is the day of beginning, because it is the day of birth. Barren women fast nine Tuesdays in honour of St. Anne. Hens should start hatching their eggs on a Tuesday (Kálmány op. cit., 9, 10). The penalty for washing, too, is interesting. If a woman washes on Tuesday menstrual blood will show on her linen. It seems, therefore, that the washing unconsciously symbolizes menstruation. Water represents blood and the purpose of washing would be to eliminate the traces of the menstrual flow. Hence the emphasis on the washing taboo on the

day dedicated to pregnancy.2

The Hungarian Tuesday Woman although obviously identical with the Rumanian Tuesday Woman or Tuesday Witch is also identified with the Virgin Mary or St. Anne. In Russia the emphasis is on the cult of 'mother Praskoveja or Pjatnitza' (i.e. Friday) and the Nedelja (Sunday). In apocryphal literature we find traces of this (Vasiljev, 1890). In 1551 the Synods condemn the cult of the 'Nedelja' and the 'Pjatnica'. There was a legend of the '12 Pjatnicas' and a 'Letter on Nedelja'. Spinning on Friday is especially forbidden and the 'angry Friday' will punish those who do so very severely. If anyone spins on Friday, Piatnica will spin all night so vehemently that the whole house will echo with the noise. Once a girl span on Friday. Someone appeared at the window: 'You are spinning?' 'Yes'. 'Then spin these distaffs full by morning or I will kill you!' The girl span just one thread on each spindle (14, 96). At Kursk the Virgin Mary is identified with the Pjatnica, i.e. with Friday (ibid., 164). Huzuls in Galicia have both the Pjatnica and the Negilja or Sunday. The story we just quoted about the spindles is also told about Sunday. Sunday is here expressly identified as the Mother of God. The Virgin Mary needed a rest, she was tired. She went to Monday, but Monday would not take her. Then she went to all the days of the week, till finally she was received by Sunday. Since then Sunday has been dedicated to the Mother of God (Onisčuk, 1912).3

Should we then follow the lead of a certain school in folk-lore and hold that all these beliefs are derived from the Christian religion? (Mansikka, 1909). Obviously they are not pre-Christian in their present form, because they are based on the calendar and the days of the week. A taboo and breaking through the taboo is the starting-point and as we have to do with women, the punishing (or helpful) spirit is also a woman, i.e. the mother. Mother told the little girl not to do certain things, and the little girl did them. She will be punished by mother, i.e. by the Super-Ego.

The Super-Ego is frequently interpreted as the introjected demands or prohibitions of society. It would be more to the point to say that it is originally aggression turned against the object (mother) and then turned in against the Ego. Many of our data indicate that working in the taboo period is an aggression against the mother-imago or supernatural being. Rumanian women

must not sew on Friday, if they do they are stabbing Holy Friday with the needle (Matuska). According to the peasants in Bosnia 'Svetica Nedelja' (Holy Sunday) is full of wounds, because many people work on Sunday and wound her with their tools. But Holy Sunday never comes alone, she is always with the Mother of God (Zovko, 1893). If anyone sews on Friday she is sticking the needle into Pjatnica (Ivanov, 1897). Anybody who works on Friday will burn Holy Friday (Sainénu, 1895). In Western Czechoslovakia, cutting the nails on Friday hurts God (A. John, 1905). Serbians personify Friday and Sunday as Sveta Petka and Sveta Nedelja. If somebody works on Sunday, for instance with a scythe, wherever he swings the scythe, the cut is visible on Sunday and therefore she will revenge herself (Juga). The emphasis on Friday is also found among the Rumanians. In Alsofehér they are afraid of two days, of Tuesday (Martolea) and Friday (Sta Vinere). On Tuesday they refrain from spinning because of the Martolea, on Friday they don't comb their hair and don't sweep the house and clean the stables because Holy Friday would punish them by a pain in their eyes and head (Moldován, 1899).

The Russian data show how on the basis of this mechanism 'mother' is developed out of a taboo. The personified Friday is Pyatnitsa from pyat = five, Friday being the fifth working day. But the Friday woman is somehow identified with St. Prascovia and called Mother Pyatnitsa Prascovia. It is a sin for a woman to sew, spin, weave or bleach linen on a Friday, and for a man to plait bast shoes, twine cord and the like. Spinning and weaving are especially obnoxious to 'Mother Friday' as the dust and refuse produced injure her eyes. She is seen 'all pricked by the needles and pierced by the spindles of women who sewed and spun on her day' (Ralston, 1873).

Although the Friday taboo has offshoots towards the West,⁴ it certainly seems to be more important in the sphere of Greek oriental culture (Kaluzniacki, 1899)

The Greek data are significant. In the Peloponnesus Holy $\pi a \rho \acute{a} \sigma \kappa \epsilon \nu \eta$ punishes those who work on Friday (Polites, 1904). She says from the door, 'It is lucky you are inside and among your children', otherwise she would have compelled the woman to eat the flesh of a corpse that she had just brought from the graveyard (ibid.). It seems that the taboo has wandered in the calendar from Saturday to Tuesday always on the basis that the night before the holiday is the important period, and then from the night before it goes to the day

² In Macedonia clothes are not washed on Wednesday and on Friday, and women in childbed are especially warned not to indulge in ablutions on Friday. see Abbott, 190. Washing may also symbolize the urethral impulse and the stream that is to take the child away. Cf. below on dreams at awakening.

below on dreams at awakening.

3 In Catholicism Saturday is the day of the Virgin Mary,
Sunday is the Trinity, L. Katona (loc. cit.).

⁴ Hungarians don't wear a shirt that has been washed on Friday because the 'beautiful women' (demons) will distort your mouth (Benkö). At Nagyszalonta the taboo days are Tuesday and Friday and the punishment is meted out by the witches (G. Róheim, 1920). (Cf. ibid. for further data.) Zs. Szendrey Nagyszalontai népies hiedelmek és babonák. A Nagyszalontai u. Kir. Állami Fögimnázium Értesítóje Szalonta, 1913, 21.

before. Jehuda b. Mosconi observes that παράσκενη is really the preparation for Saturday (Perles, 1893). According to Ducange παράσκευη λέγεται ἡἔτοιμα-σια that is paraskeué means getting ready (Theophylactus, 1688). In German Saturday was called Grecht Tag, i.e. preparation day, with reference to Sunday (Schmeller, 1877). This 'displacement theory' is confirmed by Armenian folk-lore. There are two sisters called the 'Evening before Wednesday 'and the 'Evening before Friday' and their younger brother is the 'Evening before Sunday', they are honoured by the young on Tuesday, Thursday and Saturday evening by not working and by abstaining from intercourse. They also appear at birth like the three Fates (M. Abeghian, 1899). From Friday the taboo and the old woman is displaced to Thursday. Thus in the Peloponnesus we have a Thursday Woman. She is a tall old woman in black with 'one long tooth' or with 'teeth hanging down to her knees'. If a woman spins on Thursday evening in the moonlight she appears on the scene and says 'Come, neighbour, let us spin together' (Polites, op. cit., 508). In Hungary, according to an old rhyme, women should not spin on Thursday because the devil will be pleased and throw many spindles in through the window and make a terrific clatter in the garret (Ipolyi, 1854; von Wlislocki, 1893). In Brandenburg if anybody spins on Thursday the devil throws empty spindles into the room (Kuhn, 1843; Wolf, 1853; Zingerle, 1853; Wuttke, 1900). The spinning taboo on Thursday is fairly general, besides Thursday is also the witches' day (J. Grimm; Laistner, Liebrecht, 1879). In Karinthia both Tuesday and Thursday are personified (Graber, 1914). Thursday is especially emphasized in the German area. At Gottschee they have a sort of familiar spirit called 'Pfinstokmandle' who tangles up the thread of those who spin on a Thursday (Hauffen, 1893). Spinning on Thursday is an offence against Berchta. One mother ordered her child to do it, but as she was doing it very badly the mother wound her child's hand round with flax, and then lit it to punish the child. The Berchta put her burning five fingers in through the window and said: 'With your damned Thursday spinning you have burnt my five fingers' (Waschnitius, 1913).

Incidentally we have here a very clear proof for the mother-child (or child-mother) aggression as the

latent meaning of the taboo.

The taboos of the week merge into those of the year. The Pfinzda-Weibl is active from the last Thursday of Carnival till Ash Wednesday (Vernaleken, 1859). The Rumanian Holy Friday takes care of the Good Friday taboos and the 'Joi marita' of Maundy Thursday (Moldován, 1913).

From Thursday we come to Wednesday. The Huzuls will not spin on Wednesday or even have the distaff in the room because the Sereda, the personified Wednesday would come in and make a terrible noise all night (Kaindl, 1894). The

Turks have a bogy called Wednesday Woman (Mészáros, 1906; Munkácsi, 1907). Wednesday and Friday are dangerous for the Arabs in Palestine, on Wednesday night the spirits bring their goatskin bags to the wells to get their whole week's water supply. Any woman who uses a needle on this night pricks a hole in these bags and the spirits die of thirst (Canaan, 1914).

From Wednesday the next step is Tuesday and thus we find the taboo period receding from the end of the week nearly to its beginning. Apart from historical facts which we need not go into, there is a psychological factor that has operated in all this 'the night before the taboo day'. The taboo day is the day of the Super-Ego and dreams during the night before are likely to be anxiety dreams and dreams in which the Super-Ego appears.

We assume that the basic element in the stories we have been discussing is a dream not in the sense that myths and dreams are made of the same stuff but that it is something that has really been dreamt by someone, or that a dream of the kind is likely to

occur in these situations.

The narratives themselves show quite clearly that we have to do with a dream. If a Huzul mother can't put her child to sleep, she sings

' Pjetnonjko-givjonka (Friday Little Girl) forgive my soul

For I want to put my child to sleep Pjetnonjko-givjonka (Friday Little Girl) forgive my soul

Even if I have many sins may I sing her to sleep'.

Garlic is taboo on Friday night because you might dream of the dead (Onisčuk, 1912). In Crete i women work at night they sing so as to protect themselves against the Thursday Woman:

'Let us go and lie down
Lest nightmares male and female come
to threaten you with the bag and me with the
club' (Polites, 1904).

The Rumanians in Transylvania relate the following story: A woman went to sleep after having worked on a Tuesday evening which was also the third day of Christmas. Around midnight she felt something weighing on her. She saw a huge woman who made her get out of bed and climb up the wall (ibid., 168, 169). (This is obviously a story of a nightmare.) In another instance the Tuesday Woman appears to a sleeping woman and wants to cut her hair (ibid., 122). She punishes the women by making them fall into a heavy sleep (ibid., 36). The Holy Friday of the Ukrainians appears in a dream (Vasiljev, 1892). In other cases the Thursday spinning taboo is attributed to the nightmare as the Mahr in Masuria (Toepper, 1867) or the Laume of the Lithuanians (Schleicher, 1857, quoted by Laistner, 1889).

In some stories of the 'spindle' type we find the

moon playing the rôle usually attributed to the Tuesday or Friday Woman (Schönwerth, 1857). On the other hand there is a definite correlation shown by Laistner between the moon and night-mares (Laistner, 1889).

We are therefore justified in saying that the mythical narrative about the woman who appears in the night to those who have been working when they should not, must first have been dreamt by somebody. Jekels and Bergler have shown that the dream is always a defence against a reproach of the super-ego and that the super-ego element is frequently hidden in the unfinished task or day residue (Jekels and Bergler).

In some of these stories—though not in those we have been discussing here—the nocturnal apparition of the demon is due to the fact that work has remained unfinished (Laistner, 1889). In those we are discussing work is done at a time when it should not be done and as we have seen above it is a direct attack upon the Mother Imago. The Tuesday Woman is a huge hairy woman with big breasts (Roska, 1906). The martyrdom of St. Agatha is that she had her breasts torn off. St. Agatha's breasts are at Catania, Palermo and St. Trophime, Arles (Alford, 1941). We conclude therefore that working on the forbidden day is an oral aggression against the mother. This is confirmed by the versions in which the human being is supposed to eat part of a corpse.

In a Huzul story Friday sticks the leg of a corpse in through the window—' this will be your food if you spin on the night from Thursday to Friday'. Or she says: 'Don't spin or I will ram it down

your throat' (Onisčuk, 1912).

'Sunday' appears and says, 'If you are spinning I will help you'. 'But I cannot even give you food in return for the help', the farmer's wife replies. The demon woman throws horses' heads in through the window crying 'Eat this if you are hungry' (Onisčuk, 1912). The latent infantile content would be 'I want to eat and kill mother' in 'punishment form' (dictated by the super-ego) 'mother will make me eat disgusting things' or 'eat me' (cf. above). The next step in the dream is that the threatened woman leaves the house and asks the neighbour, an older woman, wise woman, or midwife for advice. Here we have the protective aspect of the Mother Imago against the Super-Ego. The advice is to spin only one thread on the spindle or to shout in through the window 'The hill is on fire ' or something to that effect.

In the first injunction we see the well-known analytic principle of 'bribing the super-ego' (Alexander, 1927; cf. Róheim, 1934). The crime is spinning, the super-ego dictated punishment 'more spinning' (the punishment to fit the crime) and the counter-move, symbolic compliance. In the other case the dreamer says something about fire. The dream usually ends with this exclamation. Now fire in dreams frequently symbolizes

water (i.e. washing). The fire symbolism ends the dream and urethral dreams are frequently waking dreams, i.e. the need to urinate awakes the sleeper who, however, continues to lie asleep for a few seconds and dreams something which makes it possible for him (or her) to keep his hold on sleep (Rank, 1912; cf. Rank, 1919). This delaying dream is represented in our texts as a punishment (so many spindles to be spun full) but this must be due to the secondary elaboration dictated by the Women frequently dream these Super-Ego. urethral awakening dreams as delivery dreams and we find a reference to the children whenever the fire is mentioned. In the story already quoted the woman says 'Saint Cat shall kitten and I shall have my wash' (Alford, 1941), which is both the desire to have a child and the opposite of this desire (wash = menstruation). We see that the basic structure of the dream is a conflict with the superego. The Super-Ego is the mother, the whole taboo and the story are concerned with the affairs of women. What is the Id-response? i.e. the wish-fulfilment in the dream? It contains both libidinal and destructive elements, urethral libido and aggression. The wish on the oral level is probably not only biting the breasts but also penetrating into the mother's body. We have quoted stories in which the pots have to be turned upside down to prevent the Tuesday Witch from entering. In others it is the Witch who sticks the woman's head into a cauldron to kill her (Szabó, 1910, 17). We know that dreams frequently represent the dreamer's wish in projection form, as what one of the dramatis personæ of the dream does or tries to do. In this case the re-entering Tuesday Woman and the dreamer whose head she thrusts into the cauldron, represent the child trying to re-enter the maternal womb. The concern of the Tuesday Woman or other supernatural being for her children who are burning must also be interpreted as projection and meaning the opposite. It is not the mother figure who is concerned about the children but the child who is trying to kill his sibling rivals by his magically destructive urine

urine, especially when taken in conjunction with

The significance of the other element of the narrative (spinning) is not quite clear. We conjecture that its unconscious significance is masturbation or coitus. This is confirmed by a parallel taboo on Tuesday night.

A shepherd was thinking lustful thoughts on Tuesday Night about his girl friend. To punish him the Tuesday Woman visited him and had intercourse with him till she nearly killed him (*ibid.*, 234).

Intercourse is taboo on Tuesday night and the 'Tuesday Night' paralyses those who entertain such thoughts. A white woman appears and threatens men who visit their mistress or threatens to blind them (*ibid*.).

The folk-lore problem is still not quite clear. Obviously the verbatim parallelism of narratives from the Pyrenees and the Ukraine indicates farreaching diffusion. The dream was dreamt by somebody, told as a true event (a real apparition of the spirit) and then retold many times. However, many elements of the narrative are typical dream elements, the flying, the nightmare-choking (Bergler and Róheim, 1946), the punishmentdream, the waking dream. Therefore these narratives and beliefs may partly be of plural origin, for these are the kind of dreams that nearly everybody dreams. The maternal personification of time (Tuesday, etc.) combined with the taboo confirms the explanation of time perception originating in the frustrating mother.

REFERENCES

ABBOTT, G. F. (1903), Macedonian Folklore. (Cambridge University Press.)

ABEGHIAN, M. (1899). Der Armenische Volksglaube

(Leipzig, Drugulin.)

ALEXANDER, F. (1927). (Trans. 1930.) Psycho-Analysis of the Total Personality (New York, Nervous and Mental Disease Monographs).

ALFORD, V. (1941). 'The Cat Saint', Folklore,

52, 161.

BARTSCH, K. (1879). Sagen, Märchen und Gebrauche aus Mecklenburg (Vienna, Braumüller).

BENKÖ, A. 'Haromszéki babonák' ('Superstition

in Háromszek', Ethnographia, 2, 360.

BERGLER, E., and RÓHEIM, G. (1946). 'The Psychology of Time Perception', Psychoanal. Quart., 15, 190. Borbély, K. (a pseudonym for L. Kálmáni), (1912). 'Nagyboldogassony ünneper' ('The Festival Days of the Nagyboldogassony'), Ethnographia, 23, 290.

Canaan, T. (1914). 'Aberglaube und Volksmedizin im Laude der Bibel', Abhandlungen des Hamburg-

ischen Colonialinstituts, 30.

GRABA, G. (1914). Sagen aus Karnten (Leipzig, Dieterich).

GRIMM, J. Deutsche Mythologie.

Hauffen, N. (1893). Der deutsche sprachinsel Gottschee.

IPOLYI, A. (1854). Magyar Mythologia, Pest.

IVANOV, (1897). Etnograficeskoji Obozrjenie, 1, 40. JEKELS, L., and BERGLER, E. (1930). 'Instinct Dualisms in Dreams', Psychoanal. Quart., 9, 394.

John, A. (1905). Sitte, Brauch und Volksglaube im

Deutschen Westböhmen.

Juga, V. A magyar szent korona országaiban élo Szerbek (' Serbians in the Land of the Holy Hungarian Crown ').

KAINDL, R., FR. (1894). Die Huzulen (Vienna, Holder).

Kálmáni, L. (1885). Boldogasszony ösvallásunk istenasszonya ('Boldogasszony, a goddess of our heathen religion'), 1, 97. (Budapest. Magyar Tudományos Akadémia.)

Kaluzniacki (1899). 'Zur älteren Paraskeva-literatur der Griechen, Slaven und Rumänen', Sitzungsberichte der Kais. Ak. d. Wiss. Phil. Hist.

Kl. 141.

KATONA, L. (1905). 'Kedd asszonya' ('Tuesday Woman'), Ethnographia, 16.

Kuhn, A. (1843). Markischen Sagen und Märchen (Berlin, Reimer).

LAISTNER (1889). Das Räthsel der Sphinx, 1.

LIEBLING (1879). Zur Volkskunde.

Matuska. 'Román babonak' ('Roumanian Superstitions'), Ethnographia, 10, 298.

MAUSIKKA, V. I. (1909). Uber russiche Zauberformeln (Suomalais Tiedeaktenian Kusautama).

Mészáros, Gy. (1906). 'Az oszman török nép babonái' ('Turkish Superstitions'), Ethnographia, 17, 29.

Moldován, G. (1899). Alsófehér vármegye román népe.

Moldován, G. (1913). A magyarországi románok ('Roumanians in Hungary').

MEIER (1852). Deutsche Sagen, Sitten und Gebräuche aus Schwaben, 1, 20. Stuttgart.

NAGYSZALONTAI, A. (1913).

ONISČUK, A. (1912). 'Narodniz kalendar u Zelenui ('Huzuls in Galicia') Materiali do Ukrainskoji Ethnologiji, 15,, 11, 12.

Perles, I. (1893). Judisch-Byzantinisch Bezieh-

ungen Byzantinische Zeitschrift, 2, 574.

Polites, N. Q. (1904). Meletai peri tou biou kai tés glossés tou hellenikou laou, 1, 507.

RALSTON, W. R. S. (1873). Russian Folk Tales

(London, Smith, Elder).

(London, Smith, Elder).

(1912). 'Die Symbolschichtung im Wecktraum,' Jahrbuch fur Psycho Anal. Forsch., 4,

(1919). Psycho-Analytische Berträge zur Mythenforschung Internat. Biblioth., 4.

Róнеім, G. (1913). Adalékok a magyar nephiter,

(1920). —, 179.

Roska, M. (1912). 'Keddi boszorkány' ('Tuesday Witch'), Ethnographia, 25, 19.

Szabó, I. (1910). 'Az clahok kidd asszonya' ('The Tuesday Woman of the Rumanians'), Ethnographia, 25, 179.

SAINÉNU, L. (1895). Basmele Romane, 987.

SCHMELLER, (1877). Bayerisches Wörterbuch, 2,

SCHLEICHER, A. (1857). 'Litauische Märchen, Sprichwörte, Rätsel und Lieder,' quoted by L. Laistner, op. cit., 2, 315.

SCHÖNWERTH, FR. (1857). Aus der Oberpfalz, 1,

THALER, I. (1853). 'Können auch in Tyrol Spuren vom Germanischen Heidenthum Vorkommen?' Zeitschrift für deutsche Mythologie und Seelenkunde, 1, 293.

THEOPHYLACTUS (1688). Glossarium ad Scriptores Mediae et Infimae Graecitatis, 1, 114.

Toepper, M. (1867). Aberglauden aus Masuren,

Vasiljev (1890). 'Antropomorficeskija Predstavlenije v. Verovanijach Ukrainskavo Naroda,' Etnograficeskoje Obozrjenie.

- (1891). 'Antropomorficeskija Predstavlenije v. Verovanijach Ukrainskavo Naroda,' Etnograficeskoje Obozrjenie.

- (1892). 'Antropomorficeskija Predstavlenije v. Verovanijach Ukrainskavo Naroda,' Etnograficeskoje Obozrjenie.

VERNALEKEN, TH. (1859). Mythen und Bräuche des Volkes in Oesterreich, 293. (Vienna, Braumüller.)

VEZIAN (quoted by V. Alford, loc. cit.). Revue de Folklore Française, 1937.

Waschnitius, V. (1913). 'Perelet, Holda und Verwandte Gestalten,' Sitzungsberichte der Kais. Akad. d. Wiss. Phil. Inst. Kl., 2, 172 (Vienna, Holder).

WENTZ, F. Y. E. (1911). The Fairy Faith in Celtic

Countries, 110 (Oxford University Press).

WLISLOCKI, H. von (1893). Volksglaube und religioser Brauch der Magyarn, 166.

Wolf, I. Beiträge zur deutschen Mythologie, 69. Wuttke, A. (1900). Der deutsche Volksaberglaube, 30.

ZINGERLE, I. V. 'Aberglaube und Gebräuche aus Tirol', Zeitschrift für deutsche Mythologie und Sittenkunde, 4, 422.

ZOVKO, I. (1893). Ursprungs geschichten und andere Volksmeinungen Wissenschaftliche Mitteilungen aus Bosnien und der Hercegowina, 1, 442.

THE PSYCHO-ANALYSIS OF IDENTICAL TWINS—WITH REFERENCE TO INHERITANCE

By ENDRE PETÖ, BUDAPEST

Since 1900 the science of Genetics has been arriving at an ever more profound understanding of the problems of inheritance. The success achieved in the sphere of physiology soon prompted the investigation of the psychological problem. The practical aim behind the theoretical work was to determine the possibilities of therapy and of education, in other words to determine the influence of heredity on the one hand and of environment on the other on the development of the individual. In clinical genetic research the investigation of twins steadily grew in significance.

With regard to the inheritance of psychic characteristics one general consideration must be taken into account. Genes transmit certain dynamic possibilities to the progeny. No doubt there exist important causal connexions between these potentialities of inheritance and phenotypic characteristics such as mental disease, talents, character traits and so on. These connexions are, however, greatly affected by events in the external world. Psycho-analytic investigation has thrown light on the determining traumatic importance of such events in childhood and has discovered hitherto unsuspected connexions. I may refer here, for example, to the work of L. Hajdu who has lately been investigating the connexions which exist between schizophrenia and hunger in the suckling child.

In these circumstances I have felt myself justified in reporting the psycho-analysis of a pair of identical twins.

In November 1937 'Peter' X who was then twenty-nine years old, came for treatment on account of certain neurotic difficulties. He continued his treatment uninterruptedly till the summer of 1940. He was then called up for labour service and it was not possible afterwards to carry on continuous treatment though he had periods of several months' leave when he could take up his treatment again. When the war was over he went home and from time to time reported to me how he got on.

His twin brother 'Paul' came for treatment in the spring of 1940. He, too, complained of various neurotic difficulties and obstacles to his career. After three months he was called up and after he came back he would not go on with treatment. In the winter of 1943 he was reported missing on the Russian front.

In their appearance and in their behaviour the brothers were as like as two peas. That they were identical twins was established by scientifically recognized criteria when they underwent a series of tests at the University Institute of Hygiene.

In what follows I shall report only so much of the material as is relevant to the subject under discussion—namely the relation between psychic inheritance and the effects of environment.

In Peter's case it was possible by analysis to lay bare the whole history of his development, and the complete actiology of his symptoms. In Paul's case this was not so, but the data obtained from his brother provided valuable material concerning his own infantile pre-history since, during the first eighteen years of their lives the brothers were only separated for six weeks when Paul had scarlet fever, and even during this period they saw one another through the window. Consequently we are justified in assuming that their environments were almost identical. This assumption is supported by the fact that the brothers' stories in so far as they concerned their environment and their childhood were in complete agreement.

It was under the pressure of similar actual conflicts that they both decided to be analysed, the necessity for which they had recognized for years. For one and a half years Peter had for the first time in his life had a mistress and when she asked him to marry her he left her and took refuge in analysis. Paul had spoken of his brother during his treatment and then confessed that a friendship of his own was unexpectedly drifting in the direction of marriage. Both consulted the same analyst when they were seeking help in escaping from a heterosexual tie. Similarly the analysis of both began with a strong homosexual transference.

Both, without being aware of the fact, had the same compulsive thoughts: they thought about their penes. In Peter's case he was successfully freed from these compulsive thoughts and their origin and development were unravelled. The symptom was ætiologically connected with their stepmother who was their aunt. She had given

Peter his bath as a child and, among other things had energetically washed his penis and rubbed it dry. This manipulation gave the child great pleasure but, at the same time, it liberated anxiety. His mother had forbidden him to touch his penis or to play with it in any way at all since, if he did so, it might easily break off. Since the mother's rubbing gave him the same pleasure as his own masturbation the child was anxious lest the same dreaded consequences might ensue. These memories appeared in the transference with the full force of the original ambivalent conflict. The mother herself performed the actions which she had branded as dangerous.

In the course of the analysis this original pleasurable burning sensation occurred in the penis. The symptom appeared first in the analytic situation and then, as a hysterical conversion symptom, in place of the compulsive thought. In the course of further treatment it was possible to resolve the hysterical symptoms after the rôles of the good and the bad mother had been discussed and after the castration complex of which this group of symptoms was a derivative had been worked through in analysis.

In Paul's case, owing to lack of time, no cure of the compulsive thinking could be achieved but the associations and the transference clearly showed that the symptoms had the same ætiology.

Thus the brothers had reacted to a definitely limited series of traumata in a similar way with the same mechanisms and with the same final result.

Peter had another compulsive symptom, namely the counting of the frictions made in coitus. It was possible to discover the traumatic origin of this symptom in threats from his father of castration. The father proved himself a stern tyrant with his fierce outbursts of rage and his grizzly threats of castration for the children's masturbation. He insisted on sexual abstinence. The meaning of the symptom was as follows: 'I am a good son to my father, even during coitus I think of his commands and by counting I do intellectual work ' (his father was a professor of Mathematics). 'Therefore I am not really having coitus at all and so I carry out his wishes '. The symptom had also a contradictory meaning, that of rebellion against his father who was represented in the symptom and was therefore present at the forbidden coitus. Other contributory factors must not be mentioned here. From what has been said already it can be judged how manifold were the attempts to bind the anxiety due to conscience and to the fear of castration.

The brothers' next symptom, their choice of sexual partners, seemed on superficial consideration to show a striking divergence, but analysis uncovered a kind of 'mirror image' effect, a double aspect divided between two people. The double aspect of the mother imago could be detected already in the compulsive thoughts: the

good, bountiful mother who gave sexual pleasure by playing with the penis and the bad mother who threatened castration. Peter's choice was on the pattern of the bad mother imago, he married a frigid, stern wife who bore a striking resemblance to his mother. Paul chose a lively, gay, erotically uninhibited wife who gave everyone what he wanted from her; she personified the good, seducing mother. The rest of the symptoms that I shall discuss show characteristics which are essentially different both in form and function though they owe their origin to the same series of traumata, namely, the father's brutality. Since puberty Peter had suffered from headaches which mainly appeared on occasions meant to be pleasurable. These headaches often made their appearance during his analytic sessions. The transference provided the explanation of their origin. They were based on a phantasy that the analyst was striking him on the back of his head with a club. This phantasy could be traced back to his early childhood, to a period when he was dominated by his father's castration threats. The castration had been displaced upwards from the penis to the head. The headache expressed not only the threat of castration but its fulfilment. This fulfilment lessened the castration anxiety because owing to it the boy had no need to fear anything more from his injured father who was to inflict this punishment for masturbation. In this way it was possible to explain how the unconscious need for punishment began to make itself felt on every occasion for pleasure whether it were possible or impossible, and the headaches became intolerably severe. Coitus, masturbation, a harmless flirtation, smoking, a good meal, idleness, they all brought on the headache since they were all condemned by the father imago.

Paul had depersonalization symptoms. On the slightest provocation he lost self-confidence, became restless and complained of internal tensions, then his anxiety grew steadily greater, he felt surrounded by a mist and could scarcely distinguish his own body from the rest of the world. He felt his own personality to be something strange, his various limbs behaved like independent bodies. The mist permeated his entire body and split parts of it off: the patient felt oppressed and at the same time relieved. Then the mist gradually began to clear, his body again seemed to be his own, his anxiety grew less and finally only his lack of selfconfidence remained. The ætiology of this symptom was to be found in the brutal scenes that the father made which stimulated the boy to make use of magical defence mechanisms and gave rise to pathological fixations. When his father raged and threatened and the child stood before his gigantic figure dumbfounded with torturing anxiety, then, after overcoming the first waves of his aggressiveness against his terrible parent he used to want to sink into the earth and dissolve and was terrified

lest his father should tear off his leg or his arm. In a half-fainting condition, his eyes full of tears, he felt plunged deep in mist, became numb and deaf and found in this state, abandoned by his own self, a certain relief at having found this way of escape from his father. These traumatic scenes and the magical protective mechanisms had crystallized into his states of depersonalization. The social relations of the two brothers also betray marked differences although the determining external factors were identical. The mother died of puerperal sepsis and the education of the two orphans was supervised by their young aunt and by their grandparents. The children lived in a provincial town and the father in the capital, and it was only once or twice a year that he visited the children who then had to submit to his methods of education. In their sixth year he married their aunt. These circumstances were never spoken of to them, it was not till their thirteenth birthday that he spoke of their mother to them. They had, of course, found out everything for themselves but kept their knowledge hidden in that atmosphere of hypocrisy. The cold and severe character of their stepmother added the final touch to the unfavourable circumstances. They were unable to rely on any grown-up and always felt unsafe, suppressed and surrounded by threats. The atmosphere of the family was full of secrets and of naughtinesses, of severe discipline and passionate outbursts. They not only knew no mother's breast but later on they got no advice suited to their age, nor any emotional or intellectual support.

The twins reacted to the influences that I have described in different ways. For both of them loving and being loved (happiness in their terminology) was the central problem of their social development. The guiding principle of Peter's life was 'to make people happy', that is to say people must be happy simply because he is alive, shows himself to them and speaks to them. Every benefit that he allowed to his fellow-men he experienced as an injury to his own personality, his integrity. It was all the same to him whether he loved people or only did them a kindness, he always felt as if he was being robbed. This narcissistic attitude affected his intellectual achievements also, inasmuch as he felt that a piece of knowledge communicated to others was for ever lost to him. His asocial life took the form among others, of an incapacity for social and intellectual achievement, for every achievement was ultimately felt to be a castration. The transference neurosis showed that the series of traumata had its origin in the attitude that I have outlined above of the people round him. His own attitude, of course, is relevant also to the problem of the unconscious sense of guilt.

Paul's social ideal was the reverse, he wanted to 'make everyone happy'. His attempts to do so always came to grief owing to the emotional and

intellectual incapacity of his split personality. In the end he also could give nothing although to start with his behaviour was socially orientated.

The twins responded in opposite ways to the series of traumata of being deserted. Peter's attitude corresponded to that of his environment in his childhood, the corresponding identifications were dominant in the formation of his character. He behaved on the model of his parents. Paul, on the other hand, developed a character the social tendencies of which were moulded in a way that he would have expected to please those round him. With him reaction formations played a prominent part.

Thus there were significant differences between the two twins in their moral behavour. Their senses of duty and of moral responsibility were strikingly different. Peter's motto was 'Intensive work' but he was never satisfied, he always suffered the pangs of conscience. His capacity to learn left much to be desired since, as a result of unconscious displacements, his father's veto sometimes affected not only sexual but intellectual achievements. The patient suffered from unconscious pangs of guilt in a multitude of ways though in others he succeeded moderately well in his profession.

In Paul's case conscientiousness was his weakest point. He wasted his years as a student and was only able to win his diploma after many years of difficulty. When he was thirty years old he had still not earned a penny. He had no persistence, any work given him he always carried out incorrectly. His unconscious mechanisms were the same as his brother's but the actual outcome was different. In Peter's case the real demands of social morality were the predominant factor; in Paul's case they fell into the background in the struggle with the unconscious need for punishment. With him what preponderated was the agressiveness of his super-ego directed against his own ego which was originally directed against his father.

To sum up, the psycho-analysis of a pair of identical twins offered the opportunity of investigating inherited tendencies and of comparing them with the influences of traumata. The results are anything but unambiguous. Certainly there was the surprising identity of an obsessional symptom, both in its development and in its final structure. The other discoveries have shown that the psychological attitude, the character traits and the symptoms of disease in spite of the identity of temperament and of external influences, resembled one another neither in their development nor in their more delicate structure nor in their final form. It remains to draw conclusions from further observations, but this can already be stated with some certainty: that the inheritance of psychic qualities presents an exceedingly difficult problem about which it is hard to reach a decision and that

the influence of environmental conditions cannot be over-estimated.

REFERENCES

D'Aranyi, G., and Others (1937). Die Körperlichen und Seelischen Eigenschaften der Zwillinge (Budapest).

FISCHER, E., BAUR, E., LENZ, F. (1931 and 1936).

Menschliche Erblehre und Rassenhygiene (Munich,

GOLDSCHMIDT, R. (1910). Einführung in die

Vererbungswissenschaft (3te Auflage, Leipzig, W. Engelmann).

Johannsen, W. (1926). Elementen der exacten Erblichkeit's Lehre (Jena, Fischer).

Lange, J. (1929). Verbrechen als Schicksal (Leipzig Thieme).

Reinöhl, F. (1939). Die Vererbung der geistigen Begabungen (Munich, Lehmann).

Szondi, L. (1937). 'Analysis of Marriage', Acta Psychologica, 3.

Verschner, O. (1937). Erbpathologie (Dresden, Steinkopf).

WEEPING AND LAUGHING

By ENDRE PETÖ, BUDAPEST

The investigation of emotional behaviour in infancy is of great interest but at the same time presents the greatest difficulties. As is the case with all biological phenomena, in order to understand them it is necessary to investigate their evolution. It is only through the analysis of their primitive forms that we can understand the later developments and the more complicated manifestations of emotional behaviour in child and adult. But whereas the adult can communicate his emotions to us, however incompletely and unsatisfactorily, in words, and we can extend our knowledge by observation, analogy and deduction, in the case of the infant we meet, of course, with the greatest difficulties. In particular our opinion, based on observation and on the deductions we draw from it, is misled by our unconsciously taking as a criterion for comparison our own feelings, i.e. the emotional behaviour of the adult. For this reason our interpretation is in terms of emotions that come into existence only after many years of growth and of external events in the life of the individual. In a word there is an imminent danger of our taking too 'adultomorphic' a view of the infant's emotional behaviour.

When we interview mothers and nurses we nearly always learn that they know the cause of the child's screaming—it is due to hunger, colic, fear, anger, dirt. If we examine these statements without prejudice we may discover that they are based on guesswork and 'adultomorphic' thinking. If the suckling child cries when he is left alone and stops when someone goes near him or lifts him up the grown-up says he is afraid. If he cries when he drops a toy and calms down only when he gets it back we are told he is angry. If the baby is restless at feeding time it is quite easy to conclude that he is hungry; if he is screaming and then quiets down when the nurse attends to him and perhaps changes his 'nappy' she entertains no doubt that he was upset by his excrement. Finally, if no other cause can be found, they are convinced that he had a colic (wind).

But these assertions should not surprise us since

even specialists, e.g. Sherman, can tell the difference between screaming from hunger and screaming from colic. Watson distinguishes three emotions in the child-fear, rage and joy and each must have its appropriate stimulus. At the same time he explains his view that these emotions would be better designated x, y and z owing to our imperfect knowledge of them. Pratt, Nelson and Sun proved that the stimuli described by Watson as specific only produce the emotion said to be appropriate in a small proportion of cases. Sherman showed moving pictures of new-born and young infants to medical and psychological students; when he showed the stimulus it appeared that mistakes, even serious ones, had been made in judging what the emotions were. Bean, on the other hand, maintains that, even in the first hours of a child's life, he can distinguish between crying due to hunger, to fatigue and to pain. According to Fenton and Blanton the only differences are in the intensity of the crying.

I think these claims made by mothers, nurses and psychologists are exaggerated. I do not believe that anyone who did not know about the actual circumstances could distinguish whether a child was crying from fear, anger, pain or hunger. We assume that an adult would feel this or that emotion in such and such familiar circumstances, but we have no proof at all that the emotions of a suckling are really so highly differentiated. The same is true of laughing which is, at least in the case of infants, an expression of pleasure. The infant laughs not only when he is spoken to. stroked or fed, but also when he is left by himself and kicks his legs happily or throws his whole body about, apparently without any external stimulus. It is doubtful, at any rate we have no proof, that there are the same nuances in his pleasures as there are in those of an adult whose emotions are greatly influenced by associated and remembered ideas.

My opinion is that the emotions of infants are so primitive and undifferentiated that our descriptive terms, which are naturally determined by our own emotions, express something more complicated and differentiated than is appropriate to the real state of affairs.

There are two emotions which may be observed clearly and indubitably in infants; first the delightful, quiet happy emotion expressing itself in laughter and other motor expressions of emotion when the stimulus is increased. All these expressive movements indicate a departure from complete rest and therefore the pleasure is mixed with some pain as the organism is forced to master the accumulating stimulus by expressional reactions. Nevertheless laughter and the other accompanying movements are essentially expressions of pleasure. The second emotion is that of 'pain' which is always produced by increase of stimuli; this finds its expression in the weeping and other expressional movements which accompany it. As has been said it is not possible in the case of infants to distinguish whether the cause of the pain expressed is fear, hunger, some ache or anger.

The following analysis is based on the discoveries and theories of Darwin and Freud. In making my observations I took up their standpoint, i.e. I have tried to show how these expressional movements or their components may be made intelligible, in a biological sense, as self-sustaining, and, in a psychological sense, as expressions of pleasure and

pain.

The observations were carried out partly in a nursery-home, partly in private practice.

Weeping including screaming, crying and all other degrees is the first emotional expression in the life of man, under normal circumstances it appears immediately after birth. My report of my observations summarizes the observed phenomena; the emotional expressions described are not always found in all infants. I have not used stimuli because I made a point of describing the emotional expressions induced by the normal and habitual factors of the infant's surroundings.

In describing the details of the weeping mechanism the first changes to be reported are in the eyes and forehead. Fine, short vertical wrinkles appear on the forehead, at the base of the nose, whereby the internal ends of the eyebrows are drawn nearer together and downwards. These wrinkles are not constantly present at the beginning of the painful affect, they are accentuated or disappear completely next moment; sometimes a short horizontal wrinkle can be observed. These vertical wrinkles, drawn together and depressed, can always be observed in weeping and only disappear during short inspirations. Darwin called this group of muscles—corrugator supercillii—' grief muscles'.

At first the upper eyelids show a fine trembling, a more frequent blinking of the eyelashes, the tension of the orbicular muscles increases. At last, in the outburst of weeping, the opening between the eyelids measures 1·3 mm. and this distance is maintained during the whole emotional expression. I observed that, even if they are extremely exas-

perated, and their eyes are full of tears, infants go on following us with their glance, especially after the third month, losing the object for a few seconds only. Naturally, if the weeping is prolonged, the conjunctive become extremely bloodshot. On the average tears are to be observed in the second month

Darwin mentions these two details, the grief muscles and the closing of the eyelids. If he let his children look directly at the blue sky they wrinkled the forehead as if they were weeping or sad. A man in a bad humour behaves as if he were reacting to a disagreeable stimulus. This plays a part, he says, in the closing of the eyelids in weeping. The increasing pressure and quantity of blood in the eyeballs acts as a disagreeable stimulus which must be counteracted by the pressure of the closed eyelids. Donders, who investigated this problem, proved Darwin's theory by showing that the intrabulbar pressure increases during weeping.

The first signs of weeping appear in the mouth. The corners of the mouth are drawn slightly sideways and at the same time lowered, consequently the naso-labial folds become accentuated. The lips begin to tremble, the mouth opens and the under lip protrudes to its whole extent, its edges being slightly bent outwards. while at the same time the middle part of the upper lip is raised and more or less protruded. As this stage is reached the dropping of the corners stops and they are drawn more apart, less in the first three months and more later on. Thus at this age we can very often observe that the shape of the mouth formed by the corners moderately drawn apart, by the slight retraction of the under- and slight protraction of the upper-lips, is rectangular, becoming oblong as the crying intensifies. The shape of the adult's mouth, showing a moderate opening in relation to the lips drawn strongly sideways, is the result of an evolution which is only completed at the end of the first year. Young infants very often open their mouths so widely in weeping that we can see the whole back wall of the throat.

The position of the tongue in moderate crying is as follows: flat, slightly elevated from the floor of the mouth, pointing to the gums of the lower teeth with more or less fine tremors. When crying increases its edge is bent upwards a little, it points to the lips and even extends beyond them. When the infant becomes uneasy we can hear a sort of forced cry, interrupted cough, or noise resembling the clearing of the throat. In such cases the infant stretches his tongue far forward, the lips and sometimes the skin, too, become cyanotic and he retches.

Especially at the beginning of weeping one corner of the mouth is as a rule seen to be more drawn to the side or depressed than the other; also the naso-labial fold is more pronounced on one side. Thus a definite asymetry exists.

The same muscles which subserve the function

of the upper lip here described draw the tip of the nose slightly apart and upwards so that the nostrils are widened in the same direction. At first, very often during weeping too, the *alae* show a fine trembling. It is often possible to hear a strong blowing sound.

The respiration shows characteristics quite different from those shown by an adult's breathing during the same emotional expression. A momentary pause in breathing is followed by short jerks of expiration; occasionally in vehement crying the expirations are longer to such a degree that the infant becomes evanotic. From time to time a short, shallow inspiration follows. I have never observed inspiratory sniffling which only becomes characteristic at the end of the first year. In his posthumous notes Ferenczi holds that weeping is an automatic oxygen inspiration; this probably refers to adults. In strong weeping the predominance of expiration causes blowing, coughing, clearing of the throat. As the pressure in the chest decreases only partially and for a short time the great veins in the neck can only empty themselves imperfectly. This is the cause of the congested, swollen and cyanozed state of the face in forced crving.

The expressive movements of the extremities are less intelligible. The movement commonly observed in older infants is rubbing of the eyes with the hand in moderate weeping, as we see too in later childhood. As for the rest, we observe tossing of the trunk, kicking or stiffening of the arms and legs.

If we undertake to analyse the expressions here described from the standpoint of the biological situation in respect of their intelligibility and use in preserving the individual and the race, then we must hold that such a situation (one concerned with self-preservation) exists when foreign material is present in an organ lined with mucous membrane.

If the eye is excited in any way we wrinkle the forehead; when the stimulus is increased we produce tears, the eyelids close reflexly, the conjunctiva becomes engorged with blood, we put the hand up and rub the eye. If our throat is excited by a foreign body we cough, clear the throat, retch and push the tongue forward at the same time. If we taste something disagreeable we draw the corners of the mouth sideways, lower them in disgust, we depress the under-lip, we have a 'bitter', or 'sour' expression. Disdain is expressed by the same movements. If we smell something disagreeable we have 'bitter' features, the naso-labial folds are increased, the lips are slightly protruded, the tip of the nose is broadened, vertical wrinkles appear on the forehead, the inner ends of the eyebrows are drawn down, the eyelids are narrowed. If, on the contrary, we smell something agreeable we contract our nostrils, wrinkle our foreheads horizontally and draw the inner ends of our eyebrows upwards.

Thus in weeping we may observe movements such as aim originally at the removal of foreign material which causes a painful affect. We behave towards pain as though it were something removable from our bodies, and in order to bring this removal about we mobilize the whole bodily apparatus; we try to get rid of it, to project it into the outer world. In the light of this conception we may understand the symptom of incontinence of fæces and urine and of vomiting in violent fear; the organism makes efforts to expel the painful affect through all apertures and from all mucous membranes. Likewise we can understand the violent crying and the excretion of fæces and urine immediately after birth, probably the first experience of anxiety in the life of the individual. In fact the appearance of meconium during birth calls for urgent intervention by the gynæcologist because of the difficulty in the oxygen supply to the fœtus; therefore, if we admit the existence of emotion at this stage of life, at all, we may assume a painful state of mind.

Laughing appears in the third to sixth week of life, though the sleeping infant smiles before then. Bühler holds that laughing as a social activity appears in response to the perception of another person in the sixth week. Other stimuli without a relation to any person such as sucking, food, playing, excite it later and at different ages.

In infants laughing as an expression of joy assumes the same form as adult laughter towards the end of the first year. The young infant laughs in quite a different way from the adult and the final forms of expression of emotion are only reached after many months of evolution. This statement seems to contradict the fact that the laughter of infants represented in all the photographs in magazines and family albums resembles that of adults. But this contradiction is resolved if we remember that there are moments when infants' laughter is the same as the laughter of adults and of course photographers take pains to catch these moments which to them are intelligible and reasonable.

In the following paragraphs I shall try to describe the evolution of the emotional expression of joy from the third week to the end of the first year. In laughter we can observe the expression mainly in the face.

In the third week to the end of the fourth month: the eyes are sparkling, sometimes so wide open that we can see the upper part of the sclera, at moments, however, the eyelids are closed, the inner end of the eyebrows is drawn upwards. The mouth is wide open, the upper lip protruded, the under lip sucked inwards, as the upper lip sometimes is too. The wide-open mouth closes and then opens over and over again, meanwhile the lips perform the following movements: from time to time they are protruded, the tongue is stretched out, suspended, the edges bent up or down, licking

the lips. After the second month blowing and spitting can often be observed, foam appears between the lips and the infant gurgles and crows. Towards the end of this period the fists striking out more and more, often find their way into the mouth and when laughing the infant sucks or licks them with his lips and tongue. In general we may observe that the movements of the mouth have a clinging character, the infant stretches out his mouth, the earliest clinging organ, towards something. This tendency is particularly shown in the wide opening of the mouth and the protruding and sucking movements of the lips. Even at the earliest age the infant throws his head back and stiffens his neck. At the end of this period as his hands strike out they cling more often to all objects within reach and put them in his mouth. laughing he opens and closes his fingers, kicks his legs, bending them at the knee and hip joint and lifting them stiffly outstretched.

Until the end of the ninth month, besides the above-mentioned movements we may observe frequent closing of the eyes and further that the wide-open shape of the mouth gives place to a form more and more drawn sideways, i.e. like the adult's smiling; the sucking and protruding movements become rare though they remain in a few individuals. The licking of the lips and gums is intensified. The infant moves his hands, often grasping one with the other, he brings them to his mouth and leaves them there for a longer time than before. The pitch of his cry of joy becomes higher. He not only throws his head backwards but tosses it from side to side, and lifts it. He nearly always bends back his trunk and rocks the lifted trunk forwards and backwards, to right and left. He pulls at his hair and ears and strikes his chest and stomach.

Until the end of the twelfth month: He becomes more alert, cries out, strikes objects with his fists, draws them to himself, puts objects into his mouth with vigorous movements, throws himself against people with his whole body or butts with his head, throws himself against any person who gives him pleasure with wide-open arms, bending his head backwards, closing his eyes, at the same time kicking and striking with his fists. He laughs quite like an adult towards the end of the first year. The mouth is stretched sideways opening to a less degree, sucking or protruding never occurs. Spitting and the movements of the tongue already described, just like those at the earlier age can be observed. Closing of the eyes gradually takes the place of wide opening.

The evolution of the expressional movements outlined here differs in different individuals. Within biological limits the same movements appear in different individuals at different times.

If we analyse the above-mentioned expressions of emotion from the biological standpoint, i.e. from the standpoint of race- and self-preservation, we must hold that the process observable in the movements is feeding, or, more universally expressed, putting into the mouth. phylogenesis of mammals licking is the most archaic form of feeding, the young monotremata lick the milk-like secretion from the pouch of the female. The wide-open mouth, the protruding lips, the sucking-all are to be seen in infants during feeding. Increased secretion of saliva appears reflexly in feeding, even on perceiving food, along with increased respiration. Putting the hands and other objects in the mouth shows the close connexion between joy and putting into the mouth. The wide opening of the eyes betokens the effort to perceive as much external stimulus as possible. Similarly the clinging impulses are evidence of the effort to get as much as possible.

The meaning of our observations is that the laughing process consists of movements which aim at putting the joy-causing stimulus into the mouth, i.e. that when the infant feels joy it tries to receive, to introject the exciting stimulus. This tendency persists even when the joy-exciting stimulus is not appropriate to the mouth, the eye or the ear, for instance when the infant is enjoying the play of his own muscles.

The organism tries to get rid of 'pain' as if it were a foreign body by weeping, i.e. by projecting it, and, conversely, makes efforts to get the joy-exciting stimulus into the mouth by laughing, i.e. by introjecting it: the mouth, the most archaic prehensile organ, tries to catch the stimulus, to cling to it. Darwin refers to the behaviour of primitive tribes whose emotional expression of joy seems to support this view. Negroes of the upper Nile rub their bellies when they look at pearls; Australians suck their lips with joy; Greenlanders sip the air.

At the beginning of the individual's evolution weeping and laughing are contrasting functions. But towards the end of the first year the two emotional expressions no longer contrast so diametrically. Weeping shows many of the expressive features which, from the point of view here set out, aim at the introjection of the exciting stimulus; laughing shows features which seek to project the stimulus. To mention the two most characteristic movements; in weeping we make deep inspirations, in laughing extreme movements of expiration.

The two modes of expressing emotion apparently partly exchange their characteristics for the opposite. I think the reason is that by the end of the first year neither weeping nor laughing are so completely spontaneous as they are at the suckling age. Even the prejudiced observer sees that the little child of one year very often puts it on, wants to make an impression, forces laughter to flatter the grown-ups and to win the applause of the family. The same forced expression can be seen in weeping though not to the same extent. It is

superfluous to point out how complicated the functions of weeping and laughing are in older children and in adults.

If the above observations and opinions are correct we may draw some conclusions about the relations between the infant and the outside world.

According to Ferenczi the newborn infant cannot distinguish the subjective psychical processes, the emotions, from the sensations excited by the outside world; the ego receives into itself all that it experiences, therefore we may call this age the period of introjection. The following age, when the infant differentiates his ego from the outer world, is the period of projection, the period of reality in the evolution of the ego. A more or less extensive part of the outer world does not permit of being warded off in this way, but bombards the ego again and again till at last it expends on the objects a part of its libido, in the form of love and hate. This primitive object reference is at the root of introjection in its later form

My account of what happens should form an extension to Ferenczi's theory in the following way: a recognition of the outer world exists, even though only in a rudimentary way, quite at the beginning of life. The newborn infant projects its pain by weeping; that seems to prove that he differentiates his pain from the outside world, but he does not achieve the degree of reality sense needed to enable him to distinguish the sensations excited by external stimuli which disturb his absolute repose, from his subjective feelings excited by hunger, etc.

I think that, like other kinds of evolution, the evolution of the sense of reality is uneven and is deposited in different layers, so that the possession of powers of recognition does not yet involve the universal recognition of the outside world; the primitive evolution of object-relations unfolds itself fragmentarily and uncertainly. There are various stages in the recognition and valuation of the outside world.

An example, familiar, though as far as I know not hitherto cited, illustrates the view that the newborn infant does not feel himself one with the outside world but distinguishes between his ego and external objects and is positively and negatively connected with them, though at the same time he is unable to differentiate the sensation excited in him by external stimuli from his subjective feelings. In the first few days, 70 per cent. of newborn infants have to be forced, rather roughly, to suck. They push the nipple out, turn their heads away, bend their necks back, cry vehemently, or go to sleep at the breast. All these things happen even though vehement crying seems to point to the presence of hunger. Newborn infants

who behave in this way accept the nipple in the first few days, sometimes after a few minutes, some times not at all. I must point out that in these infants the sucking reflex is easily excitable. Indeed, we are able to observe the negative objectrelations only because the positive ones are lost sight of in the stream of the self-preservative impulses. The widespread phenomena I have described are the more conspicuous from the fact that they work against self-preservation. We may interpret these observations in terms of the warding-off function of the ego which strives after the embryonal state of non-stimulation. According to Searl the aim of weeping is to scream the disagreeable psychic tension out of the body.

For the first few days after birth the organism surrenders itself to the overwhelming stream of external stimuli and partially introjects them, this being his only means of self-preservation. In other words he enters into positive relations with the originally rejected mother-breast. There are, however, infants, whom I have described in an earlier paper, who maintain their negative object relations, the rejection of the mother-breast on account of the neurotic mother's aggressive impulses.

Summary: as an emotional expression weeping aims at the projection of pain, its rejection from the body; laughing aims at the introjection of the pleasure-giving object. If we recognize weeping as a projection-function we must concede great importance to it as a warding-off function even from the moment of birth, for it indicates the beginning of the reality sense and therefore the existence of positive and negative object relations immediately after birth. The terms introjection and projection are used in Ferenczi's sense.

REFERENCES

DARWIN, CH. (1872). The Expressions of the Emotions in Man and Animals (London, J. Murray). FERENCZI, S. (1909). (Trans. 1916). 'Introjection and Transference,' Contributions to Psycho-Analysis (London, Stanley Phillips).

— (1913). (Trans. 1916.) 'Stages in the Deve-

lopment of the Sense of Reality ' (ibid.).

FREUD, S. (1911). (Trans. 1925.) 'Formulations regarding the two Principles in Mental Functioning', Collected Papers, 4, 13.

MURCHISON, C. (editor). (1933). Handbook of Child Psychology. (Discussing the literature till 1932.) 2nd edition. (Clark Univ. Press.)

Рето, Е (1937). 'Beobachtungen über Objektbeziehungen im frühen Säuglingsalter', Int. Z.

Psychoanal., 23, H. 3-4. SEARL, M. N. (1933). 'The Psychology of Screaming, Int. J. Psycho-Anal., 14, 2.

By ANGEL GARMA, BUENOS AIRES

Dreams are the gratification of unconscious wishes. This psycho-analytic concept does not conflict even with masochistic dreams, nor with dreams that produce anxiety or that represent punishment by the Super-ego.

Nevertheless, there is a kind of dream that seems to be an exception—the dreams of traumatic neurosis. When somebody has suffered a great psychic shock, which is relatively frequent in wartime, his dreams are a monotonous reproduction of the unpleasant sensations experienced at the moment of the trauma. In these dreams there is no wish gratified by the hallucinations in the reproduction of the traumatic situation.

There is also another exception. Very frequently the presence of forgotten disagreeable experiences can be discerned in dreams; experiences of the subject's childhood which had a traumatic influence on his psychic evolution. If dreams reproduce these infantile traumatic experiences with great frequency, we have another contradiction to the theory of wish gratification. Not altogether, howsituation is often modified and turned towards wish fulfilment.

Freud does not believe that the exception proves the rule. The most one can say, according to him, is that an exception does not nullify the rule. where the supposed function of a dream fails, Freud made a slight modification in the psychoanalytic theory. Instead of saying that a dream is the gratification of wishes, he says that a dream is an attempt to gratify wishes.

In our opinion, the traumatic situation does not only contribute to the dreams of traumatic neurosis and those reproducing certain infantile traumatic situations. It contributes to all dreams. We believe that the existence of a traumatic situation is a very important factor in the genesis of dreams, possibly the most important factor of all. This opinion is a new point of view in the study of dream psychology. We shall attempt to prove our hypothesis.

When we study the dreams of a given person we are struck by the great frequency of unpleasant contents in them. This observation was made as far back as 1891 by Debacker while studying children's dreams and was repeated with regard to adults by S. Weed and F. Haller in 1895. According to the latter authors, 58 per cent. of adult dreams are unpleasant. This last observation is not in itself an unsurmountable objection to the psycho-analytic theory since, as we have already said, on being interpreted, unpleasant dreams may represent the gratification of wishes. The existence in the personality of instincts that trouble the Ego,

the intervention of masochism and the existence of the Super-ego might explain the apparent objection.

But somehow this explanation does not quite satisfy us. It seems as if, even making allowance for all the motives we have mentioned, the frequency of the unpleasant character of dreams is not wholly explained. On studying and interpreting our own dreams and those of others, we get the impression that the dream is attracted by what is disagreeable and painful.

At a time in his treatment when masochism was frequently manifest, a patient told me the following phantasy: 'A man secretly breaks into my sister's room and rapes her. I discover him, and after a struggle I overpower him. I knock him down and crush his skull with the heel of my shoes.' Then the patient asked, 'Is this phantasy of a sadistic or masochistic type?' He had no doubt that the analyst would declare it to be sadistic; he liked to think of himself as a sadist whereas his masochism was distasteful to him. My reply was as follows: 'In your phantasy of crushing the other man's ever, since in these dreams the infantile traumatic , skull, your activity was sadistic; but as the source of your thoughts was the phantasy in which you imagined your sister to be raped, and as you identify yourself with her, the phantasy must rather be classed as masochistic. Your sadism is a superficial attempt to conquer the masochism that is the Bearing in mind the exceptions we have mentioned, basis of the phantasy.' I believe that what took place in this phantasy also happens in dreams; the more or less intense satisfaction of wishes screens the disagreeable situations which the dreamer is subject to and which constitute the real basis of the dream.

There is another strange phenomenon in connection with the theory of wish fulfilment. This is the frequency with which the instinctual gratification in dreams is lacking in intensity. Dreams tend to be rather cowardly when it comes to getting satisfaction.

An example will help to make clear what we shall call the cowardice of dreams. During his psychoanalytic treatment a patient dreams: In his association he tells us that it concerns a young woman he met in X. . . and with whom he could have become intimate, as he wished, had he been a little more enterprising. The girl, whom he had visited on several occasions, had offered only slight resistance to his attempts to approach her but he had not dared to make any advances. During his treatment the patient blames himself for his conduct on that occasion.

Knowing the associations it is easy to explain the genesis of the dream. In the dream, the patient corrects a past situation which hurt his pride and was therefore disagreeable. So he turns it into a pleasant situation by daring to kiss the girl. But why does the patient only venture to dream of a kiss, when his associations clearly show that he wanted a more intimate contact? Why does he not dream, for instance that Aurea is his mistress? The patient is just as unenterprising in his dream as he was before in reality.

Let us suppose that the reason for his real shyness with Aurea was the neurotic inhibition produced in him by the young woman who unconsciously represented his mother to him. In this case we can explain the lack of intensity of the instinctual satisfaction by the connection with the Œdipus complex. But why is he not bold enough to create a dream to destroy his inhibitions, making Aurea completely different from his mother, and in this way to have a happy and complete love affair with her?

We find the same thing in any other dream. For instance, one night after masturbating, X. dreamt the following: 'I have given myself a blow and lost a tooth. The teeth next to it are no longer firm and get loose.'

'I show my fiancée some fire. She is nervous but I keep calm.'

The first part of the dream is easily interpreted, by the symbolism of pulling out a tooth, as masturbation. That is, it repeats the patient's real situation before going to sleep. But the masturbation gave rise to intense fear of castration. dream overcomes this fear in two ways. Firstly by displacement: the loss of one or several teeth is never as dreadful as castration. And secondly, by projecting his anxiety on to his fiancée: In the dream it is his fiancée and not the patient himself who is disquieted by the fire (or sexual excitement). But even so, in this supposedly soothing dream, X. admits both the loss of a tooth and anxiety. Why does he not achieve a greater satisfaction of his wishes by dreaming, for instance, that there is nothing wrong with him and that if there is fire, it does not destroy anything and that nobody feels anxiety? Of course, it can always be said that what prevents complete satisfaction is the intervention of the Super-ego that wants to punish the Ego on account of the masturbation. But in our opinion the fixation on the disagreeable ideas that originated the dream also contributes.

Any number of examples could be found but we shall limit ourselves to two more. We shall choose a dream, the first to be published with its psychoanalytic interpretation; the dream about 'Irma's injection'.

Otto, a friend of Freud's, one day gives him very unpleasant news about the condition of one of the latter's patients called Irma. Freud believes he detects in his friend's words certain veiled reproaches against his medical conduct. That night Freud has a dream. On interpreting it he finds that the dream is a gratification of his wishes, for it removes the possible reproaches. In the dream, if Irma's illness continues it is because she

has not properly followed Freud's advice and also because Otto has given her an injection with faulty technique. It also appears in the dream that Irma's ailments are not of psychogenic origin and consequently Freud is not to blame if he has not managed to cure her by psychological treatment.

Freud writes: 'It is as though Otto had said to me, "You do not take your medical duties seriously enough; you are not conscientious; you do not perform what you promise". Thereupon this train of thought placed itself at my service, in order that I might give proof of my extreme conscientiousness, of my intimate concern about the health of my relatives, friends and patients. Curiously enough, there are also some painful memories in this material, which confirm the blame attached to Otto rather than to my own exculpation . . . the wish to be innocent of Irma's illness. . . . ' If the root of this dream is the fear of having been somewhat to blame through professional negligence in Irma's treatment, why does the dream not provide complete satisfaction of his wishes? Why doesn't he dream, for instance, that the treatment has been absolutely successful, that Irma is better than ever and that everyone admires him for the good results he has obtained?

The dream gives one the impression that Freud did not feel strong enough to reject the reproaches he believed himself to have sensed in his friend's words. It is as if the dream accumulated excuses without seriously believing any of them. This agrees completely with something Freud wrote about the interpretation of his dream. He writes: 'The whole plea—for this dream is nothing else recalls vividly the defence offered by a man who was accused by his neighbour of having returned a kettle in a damaged condition. In the first place, he said, he had returned the kettle undamaged; in the second place, it already had holes in it when he borrowed it; and in the third place, he had never borrowed it at all.' Anyone hearing this man's defence would not hesitate to declare him guilty of having damaged the kettle. His words are a completely clear confirmation of what they intend to deny. The defence is bad just because the man is convinced of his guilt and is not strong enough to free himself from this traumatic situation. Freud's defence in the dream of Irma's injection must be similarly interpreted.

The other dream belongs to one of Freud's patients, Dora. The illustrious author has published it under the title Fragment of Analysis of a Case of Hysteria. Freud gives us the complete interpretation of the dream with the mastery of a true genius—an interpretation that everyone interested in dreams should know. But as regards the theme now under discussion let us remember only that the dream was a reaction to an unhappy love affair with Mr. K. with whom Dora was very much in love. Grieved by her disappointment, Dora has a dream in which she relives a

period of her childhood when she suffered from nocturnal enuresis and her father used to lift her out of bed at nights before the accident happened. Therefore in the dream, she escapes from the present disagreeable situation, that is, her unhappy love affair, and seeks refuge in her father's love to prevent anything unpleasant happening. But why does the dream not dare to change the present situation, by denying for instance the existence of the unhappy love affair?

In all the dreams given there is a disagreeable psychic situation which gives rise to the dream. In the dream of 'kissing Aurea' the disagreeable situation is the subject's failure in his amorous attempt owing to internal motives; in the dream of showing his fiancée fire there is fear of castration; in the dream of Irma's injection, the fear of not having conducted the patient's treatment properly and in Dora's dream the disappointment about the man she loved. These disagreeable situations are the starting point for the dreams.

A disagreeable situation for the subject which the dream tries to correct is to be found at the root of the dream. This situation may be described as a disagreeable situation, a situation causing anxiety, a situation of psychic conflict, a traumatic situation, or by any analogous term. Recalling a definition of Freud's we think the most adequate term is traumatic situation. Indeed, Freud gives the name of traumatic experience to one which produces in a short space of time such an intensity of psychic stimuli that the subject cannot ward them off, or elaborate them in the normal, ordinary way.

The study of some dreams leaves little room for doubt that the most appropriate term to use is that of traumatic situation. It is clearly the case, for instance, in the following dreams of a man who was in a deep depression because his wife had deserted him and eloped with her lover to a distant country on board a ship. The subject felt he was to blame for this traumatic situation on account of the 'ejaculatio precox' with which he was afflicted. His first dream is as follows:

'With my wife again; I ask her if she wants to marry me. She wants to know whether it will last long. A fellow student is present.'

'To marry' means to have genital relations and 'to last long' refers to the 'ejaculatio precox'. As to the fellow student, through several associations he was found to represent the idea of normal genital potence.

Second dream:

'At X..., in the garden of my home. My mother is there and also my wife and a neighbour. There are a lot of clothes—women's clothes—washed and hanging up to dry.'

The dream means: 'To wash dirty linen at home' without anything of what had happened leaking out. This is the situation represented by the neighbour who asked the patient several

questions about his wife being utterly unaware of his plight.

Third dream:

'My brother is in a boat on the river fishing out goods that have been stolen from him. There are people watching us and my brother makes a speech explaining what has happened.'

This dream tries to overcome the traumatic situation by a projection on to his brother. The stolen goods represent his wife; the boat, her means of escape, and the crowd, the patient's condition of social fear.

These three dreams, therefore, are three different ways in which the subject tries to solve his conflict. In the first dream he persuades his wife to come back and live with him; in the second he settles the affair in the privacy of his home without the interference of strangers; in the third it is his brother and not himself who has the conflict and who must solve it. And the three different mechanisms are used with the purpose of allaying the psychic anxiety provoked by the traumatic situation to which he is fixated and which gives rise to his dreams.

The following characteristics leave no doubt as to the wife's desertion being a really traumatic situation. The patient who reacts with intense affects which he is unable to master—affects which bring about a psychogenic depression—believes that he is the one who is responsible for her desertion; besides, he feels that he will not be able to come to any arrangement. These are the characteristics that give the situation a traumatic character; the other terms-disagreeable situation, situation causing anxiety or situation of conflict—are less appropriate descriptions for the psychological phenomenon. We shall illustrate this point by a comparison. Let us suppose that a normal man is in love with a woman and that she leaves him and runs away with another man. The normal man will react by thinking that his conduct has been correct and that the woman's flight is due to some motive that has nothing to do with his own conduct. Also he will feel strong enough to win back the woman or dispense with her without feeling too badly about it; and besides he will feel capable of punishing his rival. The woman's flight is also a disagreeable situation for this man or one that causes anxiety or conflict, but it is not traumatic; for he is able to master and elaborate psychically and normally the affects it has produced. On the other hand, for our patient, besides being disagreeable the situation is traumatic because he is unable to master his affects and react like a normal person.

Continuing our train of thought, we believe that a supposedly normal person would not have dreams like those of our patient, just because he is able to dominate his affects.

Although the external situation is not always as clear-cut as in these last dreams, we can apply the

term traumatic situation to what is found, after a deep interpretation, to be the essential motive in dreams. And in nightmares, the traumatic situation is apt to appear in the manifest content with hardly any deformation.

To assert the existence of a traumatic situation as the basis of dreams is completely in accordance with other psycho-analytic findings. 7 The patient's fixation to one or several traumatic situations always proves to be at the root of neurotic symptoms, and the analogy existing between dreams and neurotic symptoms is already known to us. On the other hand, to assert the existence of a fixation to a traumatic situation in dreams does not contradict the theory of wish gratification. Rather, it completes this theory, pointing out an essential fact that must be taken into account for the interpretation. Not only does it not invalidate the theory of wish gratification, but, on the contrary, it strengthens it, for the following reason. If we compare the latent content with the manifest content of dreams, except in dreams of traumatic neurosis, it can be seen that the traumatic situation constituting the basis of the latent content is transformed in the manifest content into a pleasant situation. That is to say, that in the elaboration of the dream a clear evolution towards the gratification of the wish has taken place.

The existence of a fundamental traumatic situation explains the reason for the dream's cowardice in the gratification of wishes. Dreams are incapable of venturing very far towards gratification because the subject is psychically fixed to the traumatic situation. Without this fixation the satisfaction of wishes would be much more complete.

The traumatic situation is in our opinion the principal factor in the dream and it is also the cause for thoughts taking a regressive path, leaving the abstract terms of ordinary thinking for concrete hallucinations. As for traumatic neurosis, there is no doubt at all that in these cases the traumatic situation is the origin of dreams. The same thing must be the case in all other dreams. The satisfied wish is not the cause of the hallucinatory regression, i.e. of the dream, but only an attempt at diminishing the psychic displeasure brought about by the fixation on the traumatic situation.¹

In the interpretation of dreams an attempt should always be made to find the basic traumatic situation (or situations). In doing so it is necessary to bear in mind the patient's psychology and the fact that a wish which would be pleasurable to a normal individual might be traumatic to a neurotic. This is the case in the following dream produced by a man with genital inhibitions. 'I am lying with my fiancée and I am sexually excited. I want to have intercourse with her, but it is then eight o'clock in the

morning and the maid comes in to pull up the blinds This is annoying to me.'

This dream also came from the subject who brought the above-mentioned dream about the loss of a tooth. In the present dream the traumatic situation is brought about by his desire for a more intimate relationship with his fiancée which his severe Super-ego opposes. The latent wish in the dream, which is to avoid the genital situation, is fulfilled by the arrival of the maid that saves him from a situation that is unpleasant to him. But if this man dreams at all, it is because his genital desires produce anxiety in him to the point of creating a traumatic situation. This is the primordial motive of the dream; not the psychic liberation or diminishing of tension that he experiences when the maid enters the room, creating an external obstacle in doing so.

In a more normal person, wishes similar to the patient's, which were clearly sexual desires towards the loved one, would not act traumatically and therefore would not constitute the origin of a dream. This had already been observed by Delage, who in 1891, speaking about the dreams of young married couples, stated that 'if they were very much in love they hardly ever dreamt about each other before marriage or on their honeymoons; and if they did happen to dream about love they committed an infidelity with an indifferent or hateful person in them'.

A dream has one or several traumatic situations as its basis. A traumatic situation, in turn, may revive an analogous situation; not a present one but one of the subject's past experiences. This happens, for instance, in Dora's dream, mentioned before. The present traumatic situation is her disappointing love affair with Mr. K., and she revives an analogous one of her childhood caused by her nocturnal enuresis. The wish satisfaction applies to the infantile traumatic situation; for in her dream Dora hallucinates her father at her bedside as he used to be when she was a child and he went to her to prevent her wetting the bed. This dream clearly describes the characteristic of traumatic situations, which is the subject's incapacity to solve it unaided. Dora has to get her father's help in her dream because she thinks she is incapable of handling the situation. The gratification of wishes in the dream consists in her getting her father's help through reviving her infantile love for him.

The interpretation of two dreams will show in a practical way and more clearly than up to now, the importance of present and past traumatic situations in the genesis of dreams. Here is the first: 'I ask my friends whether any of them is going to Berlin because Delia wishes to send something to her husband Juan Garcia. My friends

¹ The influence of the traumatic situation on the genesis of the hallucinatory aspect of dreams has been studied by me (see Garma 1946).

tell me that Garcia is back again in Buenos Aires and point him out to me at a nearby table. I reflect that Garcia is in Buenos Aires and he has

not been to see his wife yet.'

We are dealing with the dream of a patient who had been under psycho-analytical treatment for a long time and had considerably improved his psychical condition but without having yet reached normality. The dream is a reaction to a certain aspect of the patient's present life. At that time he had an intimate friendship with a woman which made him feel happy.

which made him feel happy. The patient's neurosis made him react to this with intense guilt feelings and great fears of a possible rival when he attempted the conquest of any woman. He was afraid this rival would attack and overpower him. So great were these fears that on one occasion, after having had intercourse with a woman he had the feeling that a man was following him in the street and that he entered his house after him and slipped into his room when no one was looking with the purpose of harming him in some way. At the time of the dream, psycho-analysis had diminished the patient's fears of a rival, without, however, destroying them completely. Even during this period of happy sexual relations the patient could not help thinking of a possible rival who was represented in this case by an ex-lover of his mistress. He was afraid this rival would return and take the woman away from him, for he felt incapable of fighting him. This, then, was the fundamental traumatic situation that gave rise to the dream. As for Delia, i.e. Garcia's wife, she was a woman the patient had thought of courting one or two months before; but he had not dared to do so for fear of her husband. Delia was very neurotic and her conduct was hardly normal. At the time of the dream she had a lover, and unaware of the attraction the patient felt towards her, she tried to confide in him. He rejected this, reacting with intense aggressive

The patient's first thoughts about the dream were that Garcia had not been to visit his wife because he had found out her infidelity and had decided never to see her again.

wishes.

In his present love relationship, the patient fears the appearance of his rival who would dispute the possession of the woman on the grounds that she was his first. He dare not fight; and here is the present traumatic situation. In order to overcome it, a former analogous situation is revived in the dream; a situation in which the patient was also in love with a woman (Delia) and feared the coming of his rival (in this case the husband). This former analogous situation meant a failure for the patient, for he did not win the woman who fell in love with someone else. However, this failure has an advantage for the patient, because through it he can overcome his fear of the rival by telling himself that he is not Delia's lover and therefore the rival

will never make him answer for his conduct as he probably would do with Delia's lover. Besides the dream reassures him, for the husband does not commit any aggression against his wife but limits himself to not going to see her. Applied to the present traumatic situation this means for him that the man with whom his mistress was formerly in love will not go to see her either, nor will he come between them. The patient could not dream that the husband committed an aggression against his wife, even if by doing so he could have satisfied his own aggressive wishes, because it would have made him fear that his present possible rival would also behave aggressively towards him. The former analogous traumatic situation has the added advantage of allowing the patient to worry over the feared rival (represented in the dream by Delia's husband) on rational grounds; for this interest in a friend screens the unconscious motive —the fear of his rival. In order to do this, the patient took advantage of the fact that Delia's husband was living in Berlin.

We have abstained from interpreting Delia and her husband as infantile parental imagos. As to

the husband's conduct in the dream, it is a repetition of the patient's behaviour when he learnt that Delia had a lover. He avoided going to a party where he knew Delia and her friends would be, and went elsewhere to be alone while he indulged in fantasies in which he satisfied the aggressive wishes provoked by his disappointment. In short: the traumatic situation is the fear of the rival against whom the patient feels incapable of fighting. The wishes gratified in the dream are: (1) the patient is not guilty; (2) the rival does not interfere; (3) the patient worries over his rival motivated by friendship and not by fear; (4) Delia is punished because her husband discovers her infidelity. This dream bears certain resemblance to Dora's, for in it the present traumatic situation also revives a

wish is gratified.

The following dream comes from the same patient and springs from the same traumatic situation; but it is differently elaborated. It is more complicated than the preceding dream, and I believe it, therefore, to be of interest, since it helps to show once again, the channels through which psychic connections are made between the different thoughts of a dream. The dream is as follows:

former analogous traumatic situation where the

'A friend of your brother's, Vila or Vela, has died in an explosion. I also dreamt about a

woman, Margarita.'

The patient's present lady friend seems to be in love with him and is faithful to him; but his neurosis makes him fear that some day she will leave him for someone else. This fear increases if there is any real event that seems to confirm it, which was what happened on the day of the dream when his friend told him that she had spoken to her former fiancé.

The traumatic situation underlying the dream is the belief that his mistress will leave him for another man, and that he will not know how to retain her. This present traumatic situation, just as in the preceding dream, and in Dora's, revives a former analogous situation connected with Margarita, the woman who appears in the manifest content. Margarita was a woman whom the patient had courted with little success. For instance, he remembers among other things that one day when he went out with her and some other friends, Margarita left him alone and went off with an Italian, X. He felt he was not capable of getting her back. Embittered by his failure, the patient reacted with intense aggressive feelings and death wishes towards his rival. This situation is at the same time associated with another. On one occasion the patient was in real great danger from which he managed to escape with great difficulty. In his flight he met an Italian acquaintance named Vila who treated him badly. Some time later the patient heard that Vila had died in tragic circumstances. The situation of escape has in common with the situation of Margarita the fact that in both of them there is 'an Italian who behaves badly towards the patient'; this common fact psychically associates these two situations. In both cases the patient harboured death wishes against the person who treated him badly. A real event, Vila's tragic death, accidentally satisfied these wishes in the second case. That is why 'the death of Vila', that also represents all the other similar experiences for the patient, appears in the manifest content of the dream.

Another kind of analogous thoughts spring from the affective transference. From infantile motives, the patient also regarded the analyst as a more fortunate rival whom he felt incapable of defeating -here again is the traumatic situation-and against whom he felt death wishes of infantile origin, just as he felt against the other rivals in the situations we have described. The analyst's brother, whom the patient knew, was one of the number of persons who, for the patient's psyche, had the characteristics of a more fortunate rival. On one occasion he heard a woman praise his virile appearance, which roused the patient's envy and consequently the infantile reaction of death wishes. This gave rise to the thought of 'the brother's death' which, as we shall presently see, was also psychically connected.

The psycho-analyst's brother had a friend named Vela who worked in a factory with a brother of his. Once there was an explosion in the factory and Vela's brother was killed. This event is related, through the fact of the dead brother, to the hought the patient had before, which was, the wish for the death of the psycho-analyst's brother.

In spite of being the patient's unconscious wish, this last-mentioned thought (the death of the analyst's brother) cannot be included in the manifest content of the dream because it is an immoral thought which the endopsychic censorship rejects. A displacement is made and the objectionable thought is substituted in the dream by the more indifferent one of the death of Vela's brother. It also has the added advantage of having actual facts to lean on.

Now, it is not Vela's brother who dies in the dream but Vela himself. This error in the reproduction of the real event in the dream, is due to the fact that the original death wishes were not directed against the analyst's brother but against the analyst himself.

Finally, to bind the dream together, all the thoughts are connected through the similarity in sound of the surnames Vila and Vela. The superficial association through similarity of form, screens a connection on a deeper level due to analogous psychic contents.

In short, the basic traumatic situations of the dream are: the patient's fear of his rival whom he feels incapable of defeating and his regarding his psycho-analyst as a more favoured rival whom he cannot fight against. The incidents of Vila and the Italians are traumatic situations of secondary importance. The wishes to be gratified in the dream are death wishes of infantile origin which the dreamer satisfies on more or less indifferent persons who had died tragically in reality.

With the interpretation of this dream, we reach the end of our investigation of the traumatic situation in dreams. And now, if we consider our findings, we may make the following statements:

- (1) Dreams spring from one or more disagreeable situations which the subject is unable to master or relaborate normally, and to which, using Freud's terminology, we have given the name of traumatic situations.
- (2) In the dream, the subject is psychically fixated to these traumatic situations.
- (3) Dreams are generally successful attempts to overcome the psychic displeasure brought about by traumatic situations.
- (4) The attempt to overcome psychic displeasure is effected through wish fulfilment.
- (5) The hallucinatory aspect of dreams is due to the influence of traumatic situations and not to the influence of the wishes they gratify.

REFERENCE

Garma, A. (1946). 'The Genesis of Reality Testing. A General Theory of Hallucination', Psychoanal. Quarterly, 15, 161.

mied was

THE ORIGIN OF THE MOSAIC PROHIBITION AGAINST COOKING THE SUCKLING IN ITS MOTHER'S MILK

By A. FODOR, JERUSALEM

A paper by M. Woolf (1945) that appeared in this JOURNAL treated in the most interesting and vivid way the theme of the Jewish prohibition against drinking milk and eating meat at the same time. Two forces that have been important in the history of civilization were described in the author's exposition, and to these the present writer can assent without reservation; first, the derivation of the prohibition from the conflicts between the matrilinear and the patrilinear forms of human society, and, second, the stratification, the gradual supersession of earlier by later cultural usages, which, in accordance with the interpretations and explanations appropriate to later religious requirements, have gradually become more and more sublimated.

On the other hand Woolf's contribution contains many untenable propositions and conclusions which will only too easily expose to superficial criticism his fundamental idea, sound though it be, that this prohibition and the Jewish Passover ritual which he treats in connexion with it are both founded on archaic phantasies. His views will be attacked by those archæologists, pre-historians, mythologists and theologists who miss no chance of emphasizing the weakness of the 'capricious arguments' of Freud and his school which they do not even wish to take seriously. These men's attitude would excite among the convinced supporters of Freud's teachings only a pitying smile, were they not able to rely upon argumentsin themselves of slight importance and irrelevant to the point at issue-which the hasty and illconsidered arguments of analysts working in these scientists' own field make them a present of.

One of Woolf's plainly mistaken premises is his statement that the Ugarite El was a Semitic Sunand-Fire God who, as he has described in connexion with the Passover Ritual, demanded on the one hand human sacrifice (the sacrifice of the male first-born) and on the other hand the smearing of the door-posts of the house with the blood of the sacrifice.

At this point the objection is to be raised that there is no proof, and up till now no serious archæologist or pre-historian has alleged, that El was a Sun-God. Kenyon (1940), in connection with his discussions of the discoveries at Ras Shamra, says nothing of the kind; and Albright (1942) says: 'El was generally a rather remote and shadowy figure, like Sumer's Accadian Anu, God of Heaven, or Egyptian Re the Sun-God'. Which is as much as to say that El, in his independence of human ideas about him, may be compared with the two other Gods. El must rather have been a tyrannical and bloodthirsty sky-god and all-

father. Nowhere in the literature are there indications of the existence of a primeval Semitic Sun God, and if one at some time or other made his appearance in the area of semitic culture as a local god, as, for example, in many places in Sumeria or, according to 2 Kings 23, verse 11, in Jerusalem, then he was introduced at a late period and was not aboriginal. Perry goes so far as to say that he attributes the primitive cult of the Sun-God to a special and certainly non-semitic 'sun folk 'which, in consequence of its diffusion over wide seas and continents, led to the diffusion of the cult of the Sun-God over the face of the earth together with other cultural movements.

If this premise of Woolf's is unsound, so also is his suggestion about the Sun-God that he demanded human sacrifice. The sun cult has not, up to the present, been fully described; but nowhere have been found any signs of the Sun-God's blood-thirstiness, nor any suggestion that his worshippers brought him human sacrifices. The latter was rather the privilege of the Mother Goddess about whose rule more is known.

Archæologists and pre-historians are agreed today that the Mother Goddess in Egypt and Sumeria was the earliest deity, although her primitive home is still a matter for dispute. It can, however, be stated with certainty that she was worshipped in the area of semitic culture, and probably throughout Asia Minor before the male deity. What can have been the origin of this phantasy figure? In answering this question we must bear in mind that for those primitive human beings the earth and the earth's womb signified the origin of all life; and just as under the domination of the paternity principle man saw in the deity, according to the stage of civilization that had been reached, a more or a less highly sublimated imago of his father or ancestors, so under the dominance of the maternity principle it developed a picture of the mother which served as a representation of 'Mother Earth', thanks to whose fruitfulness every living creature was brought forth-plants, animals and mankind, without distinction. Hence the Earth itself is the primitive model in whose likeness-in an age that was still animistic-the idea of a deity (that resided in the womb) was formed; and hence it follows that those peoples made the Mother Goddess and her womb the prime representative of fertility. It was a very obvious thing immediately to associate Mother Earth with the plants-that is to say, to wed the Mother Goddess with trees, corn or vine, all of which were supposed to be possessed of souls (vegetation spirits). From such a phantasy arose the cult of fertility, which was founded on the sympathetic

magic of the marriage ceremonial, which also contained in itself the incest motive inasmuch as the Mother Goddess was wedded by her own sons the vegetation spirits. But since human phantasy finds it hard to be satisfied with invisible spirits. these, like the Mother Goddess herself, assumed the form of human beings, of the Mother with her (phallic) sons.

In this way we might trace the earliest origins of the fertility cult; that is to say, the phase of it which contains the incest motive and as yet gives no expression to any ethical prohibition. This early phase might have been passed through in the totemistic age when the fight against incest and the institution of exogamy arose. When the totemistic system became more widely distributed the change in the attitude towards incest must have played a more important part, and the prohibition of incest must have become manifest. The influence of this more lofty ethic can be recognized in the fact that in the myths the sons of the Mother Goddess-dependent again on the actual phenomena of nature—are doomed to die: the vegetation spirits (later vegetation Gods such as Tammuz, Adonis, Attis, Osiris, Dionysus, all of them names for one and the same figure) had to atone for this incestuous love for their mother by violent deaths. Vegetation, however, also dies when it has reached its full maturity; but in the imagination of primitive human beings its death can be averted only by sympathetic magical practices and of such a nature the magical marriage rites partook, so that by their means the earth could be made pregnant and new life brought forth. We are here at a stage when incest, already despised and punished, is yet tolerated owing to the necessities arising from social conditions; and this contradiction represented for that epoch an insoluble problem in world organisation, namely, how for a people of a religious culture that could be a 'sin', and in fact accursed by religion, which yet, in consideration of the 'weakness of the flesh' was widely indulged in. There have always been ages which pursued their own ideals in vain.

This anthropomorphic incarnation of the vegetation spirits, sons of the Mother Goddess, in deities (later often in divine humans from whom divine kings were descended), had the consequence that they, too, died and rose again; and with this death and resurrection were consequently connected numerous religious myths which revealed ever new levels of spiritual development according to the stage of civilization reached. During mankind's violent struggle, which may have lasted for thousands of years, for the establishment of the paternity principle, the vegetation gods achieved independence by freeing themselves from the Mother Goddess (Tammuz, Osiris); or in the case of many agricultural and settled peasant folk such as the Phœnicians and Canaanites, were replaced by fertility Baals. The female deity, who appeared

under the most various names, tended to take a secondary place, often as a Moon Goddess, or she became the wife of a God or Baal who in his turn had become the lord of the soil, of water and fertility.

Among the peoples who worshipped the Mother Goddess flourished the cult of human sacrifice which is not forgotten in India even today (Perry, 226). We can surmise its origin if we remember that the sons of the Mother Goddess died a violent death and that here the phantasy is translated into a concrete reality through the magic rite of killing these figures which, like the massacre of the oldest kings, represents an incarnation of their sons. Reference may be made here to the example described by Frazer in his well-known book The Golden Bough, of the forest king of Nemi who, after the appointed period of his sovereignty, was killed and replaced by a new king whom the same fate awaited. According to Perry human sacrifice is essentially agricultural, and has the purpose of conciliating through the ritual of a blood sacrifice the Mother Goddess who, with her own blood, has changed the muddy earth into firm fertile soil. But, in my view, it seems much more probable that the killing of the god or his incarnation may have originally been an imitation of mortal nature; that is to say, it was a sympathetical magic rite, and not at all in itself a propitiation of the Goddess (though this may well have been the case later on). If the deity, that is to say the vegetation, dies, then its incarnation must die also (this is the 'logic' of primitive man) in order that nature also may resurrect as a fresh incarnation of the deity established in power and dignity. examples are to be found in Frazer, 1933, 587 ff.) The foundation of this phantasy was the idea of a grand harmony, the necessity for which was perhaps as strongly felt as, among religious people, are ideas of indissoluble union with God, and, in scientific ages, the absolute unity of world structure and reason.

The discovery of the sociological and historical origin of the transition from matriarchy to patriarchy or, as in the case of many primitive peoples still existing, from the matrilinear to the patrilinear method of reckoning descent, and further, the knowledge of the institutions which facilitate this transition such as male societies, brotherhoods, secret societies and so forth, including the origin of sovereignty as a result of the personalization of the primitive society and the consequent concentration of power in the hands of a paternal individual, such as, for example, the Egyptian Pharaoh, represents, no doubt, a great advance in our knowledge of the development of human societies and of states, and one which makes it possible to understand the transformations which led from the primitive clan to the kingdom and the monarchy, from the totem system to the sovereignty of one single ruler (Moret and Davy).

142 A. FODOR

On the other hand any deeper explanation of the necessity for this change from the ethnologists and sociologists is still wanting, and this seems to us all the stranger in that the primitive races which survive today are completely lacking in all dynamic energy and are extremely conservative. In order to bring about the transition to the patrilinear system there must from the earliest times have been at work a force for whose actual persistence a proof may be found in the male societies which often exist today among primitive peoples with a matrilinear organization. There are indeed no strict proofs to be offered, but the idea cannot be avoided that these societies are nothing else but derivatives from the primitive totem societies in whose keeping the memory of the totem father who was once removed has been preserved through the ages. The admired and envied strength of this father resided, as is well known, in the taboo totem animal with which he was identified, and which might only be eaten in the communion of the male members of the clan who, owing to the matrilinear custom of exogamy, lived at a distance from one another, and who periodically met together and renewed the bonds between them through this ceremonial revival of their common origin.

Nothing is easier to imagine than that the spirit of these male societies still—even after the totem had been reduced to a mere name-remained hostile to women because the men struggled to regain the lost and later painfully regretted privilege which the father of the clan had once possessed in a very high degree, though the struggle was now carried on in more civilized conditions. The remorse of these people, latent, unconscious but still alive, heightened as one might almost say to a cosmic sense (like the 'original sin' which belongs to the same category), made use of the paternal longing as the true motive force, an impulse recognized by Freud to be inherent in the anxiety driven human race, which although it may be repressed into the unconscious yet owing to the 'return of the repressed' periodically makes itself felt. The male societies with their initiation rites and their grades must have been breeding grounds of the father cult; and he who rose up in them, the victor in battle, the individual distinguished by titles and honours even up to that of sovereign, could have been none other than the father resurrected again after a long latency period. Among the Indians and Melanesians and others today, the return of the paternity principle appears to take place relatively quietly and gradually in an evolutionary way; according, however, to what is handed down to us about this change among other peoples and at other epochs, e.g. in Greek myths, this transition was often revolutionary and accompanied by great upheavals, although no unambiguous proofs of this fact can be given (one may refer, however, to the wars with the Amazons and the like).

significance of totem organization differ greatly. and range from the derivation of the tribe immediately from the totem, a view which was first expressed by Robertson Smith, Freud and others. via the mystic derivation which Durkheim believed in, up to the complete denial of derivation from the totem which represents Perry's view. Since, however, the evidence is of the most heterogeneous nature and makes its appearance in periods and at places far removed from one another, a priori none of the proofs can claim to be completely valid in itself. All the different views might indeed be justified, in so far as they correspond to different developmental stages in the history of totemism. The derivation from the totem may originally have been immediate, nevertheless the clan in a later historical phase may have been brought into connexion with spirits or fetishes so that the totem remained simply a name (just as the descendants of a goldsmith who bore this name also as a family name, always retain that name although they have long since ceased to be goldsmiths in fact). In the end the guardian spirit of the clan was no longer a serpent but a fetish of some kind; the old name, however, was still kept. Ethnologists and historians are often too fond of comparing incommensurable things with one another, things that are separated from one another by long intervals of time and space, just as they have been left without their intermediate forms after going through different stages of development. At any rate some ground should be given for believing that the totem system represented the discovery of an artefact, since nothing is more alien to the human psyche than to invent such things artificially. For these reasons the approximations to an interpretation of totemism made by the psychologists are the most credible, because they take account of facts which are founded on the nature of human beings and are just as reliable today as they were thousands of years ago. According to this view nothing is more probable than the assumption that the totem societies played a determining part in overcoming the matriarchal way of life and in the struggle for the paternity principle.

The opinions of authors at the present day on the

The transition from the matrilinear to the patrilinear form of life, which was revolutionary in nature and affected the cultural development of humanity in a decisive way, and which must have lasted thousands of years, cannot be conceived as taking place without the two different social attitudes being compelled to make certain compromises with one another. No change of this decisive kind can be made without some partial compromises being made between the main social and religious tendencies that affect people even though their fundamental mutual antagonism is not done away with. Even political revolutions cannot prevent the earlier cultural values of the ancien régime emerging again during later periods;

or, when in the first tempest of their overthrow they have completely lost their prestige, from being after a time restored.

The victorious patrilinear system did indeed do away with the feminine deities, and degraded them to being the wives of male Gods and Baals, but did not altogether abandon old ritual usages of the matriarchy. The male Gods henceforward profited by them but not without new motives being phantasied for the old cults. Under the matriarchal principle, human sacrifice represented a magic rite, a part of the fertility ritual that was made intelligible through the concept of the Mother-Goddess. Henceforth this cult served the purposes of the guardian fetish of the clan, or of the fetish which had been raised to the status of a God (the differences between the two are indefinite) on the supposition that the God needed the sacrifice as food; particularly when returns were to be hoped for from the God of such value as he might think the sacrifice merited. In the same way it is intelligible that the more firmly the paternity principle had taken root the heavier was the repression of the form and the privileges of the Mother God. In special circumstances, even though it may only have happened occasionally, these latter may have fallen completely into oblivion although this or that surviving cultural trace, the original meaning of which has long become obscure, may serve as an indication to the modern scholar.

It cannot be shown a priori that the god of the Abrahamidans, El Schadaz, represented a male deity of this type, to whom the old matriarchal right to human sacrifice which still appears in 1 Mos. 22 had been transferred in the way already described in proportion as the Mother Goddess had fallen a victim to repression among her peoples. The Bible, which relates that Abraham surrendered his old Gods and made a covenant with El Schadaz (1 Mos. 17, 1) appears to have preserved such a change in a mythological form. The repression of her who was formerly regarded as the Mother-Goddess, but who had now been deprived of her rights, could not have taken place without giving rise to strong feelings of guilt and anxiety; and the rules of conduct which these determined became in the end ritual performances and had as their aim the defence against the revenge threatened by the Mother Goddess. For these reasons it was necessary for them to preserve to some extent the balance between the commands and the prohibitions which aimed at producing repression.

Of these rites, those above all were affected which concerned the Mother Goddess and belonged to the sentiments connected with her, in contrast to the rite of human sacrifice and the blood offering which could not be transferred to a male god. Among them, besides the other fertility rites, was, most probably, also the matriarchal usage par excellence, the cooking of the suckling in its mother's milk. The symbolic union of the mother the fruit of her

body and her body food in one pattern is obvious and hardly needs additional explanation. Its structure showed itself strong enough, not only to preserve its identity in heathen cults, but to find its way unchanged into Christian symbolism. The secret Orphic cult may be adduced here in evidence, and the formula inscribed on the South Italian Orphic gold tablets 'As a suckling fell I into the milk'; again there is the Orphic symbol with two meanings 'I sank under the breasts or into the womb of Our Lady the Queen of the Underworld', words which depict the mystical rebirth of the initiated; moreover, in the Christian Church the symbol of the lamb and of the full milk-pail was sublimated into the representation of the rebirth of the Christian neophyte who sank into the womb of the Mother Church where he was to be nourished on the milk of his mother the Blessed Virgin, which symbol is made use of also in the milk and honey communion of the Ecclesia. Perhaps the Pelasgian or Lycian cult of seething the suckling in its mother's milk was originally derived from a matriarchal custom which had as its motive the incorporation of the maternal 'strength' (i.e. fertility) with the milk, and hence corresponded to the totemistic, i.e. patriarchal cult of the incorporation of the totem animal whose strength was thereby acquired. The fact that in the Orphic cult totemistic and matriarchal customs exist side by side also tells in favour of the existence of compromises between matrilinear and patrilinear customs during the long period of their hostile rivalry; and further evidence of similar transitional phenomena is probably to be found in the bi-sexuality of many Sumerian and Semitic deities (e.g. the Sumerian Bluebeard).

Among no primitive people did the paternity principle win its way more victoriously than in Israel, which in the end completely abolished all matrilinear institutions and strictly excluded the feminine deity from their worship-unlike the related Phoenicians and Canaanites among whom the femine deity Aschera lived in wedlock with Baal. But to start with there must have been no slight anxiety of the revenge of the dispossessed Mother Goddess; this anxiety was to be found among the Greeks also, who for this reason had changed the Erinnyes—the guardian goddesses among other things of their degenerated mother rights-into Eumenides and had in this way appeased them. Æschylus' drama The Eumenides provides the best evidence of the repression of the matriarchal by the patriarchal law (Bachofen, 1927).

To fear of the Mother Goddess is to be attributed the curious Passover ritual in Mos. 12, 1 with the haste and preparedness for flight that are prescribed: loins girt, feet shod, the swift clearing away of the traces of the meal off the slaughtered animal. Before the period of the annual totemistic communion feast of which the members of the tribe partook this was the rite which was later

144 A. FODOR

changed into a sacrificial festival sacred to El Schadaz. In this the former privileges of the Mother Goddess, human sacrifice as well as blood ritual were usurped by this male God. Hence the panic anxiety and readiness for flight of his worshippers; a custom which at a later period became stereotyped without further rationalisation into a custom, long after human sacrifice had been replaced by animal sacrifice. The grounds for preparedness for flight from the Mother Goddess's revenge were only too good, for she was able to make a sudden descent on the habitations of the nomads, and the authority of the male deity by whom her rights were taken from her was still far from the stage at which the cunning of the feminine God was no longer to be feared. The smearing of the doorposts with the blood of the sacrificed animal might have been a demonstration addressed to the God, a kind of silent appeal in order to make more certain of his favour and help.

By the explanation here given one avoids the difficulty contained in Woolf's interpretation, that people should stand in panic-stricken readiness for flight before that same God whose help they are expecting and from whom they have the greatest hopes, because they have cheated him and instead of the blood of their first-born offered that of a lamb. It seems a far more plausible assumption that one should be afraid of that God to whom one has promised to be loyal, and has then dispossessed. It is known that deposed deities threaten their late worshippers in the form of demons, as terrifying revengeful beings. An example, among the Jews, was the evilly disposed Lilith, the murderer of pregnant women, and certainly the degenerate descendant of the forsaken Mother Goddess.

Similarly Woolf holds the view that since in the Mosaic Law the provisions regarding the sacrifice of the first-fruits are immediately joined to the prohibition of the cooking of the suckling in 2 Mos. 23, 19 (as also in the parallel paragraph 34, 26) and since this prohibition can refer only to the Passover Festival, these two, the New Year and the Passover Festival, must have been psychically closely connected with one another in the unconscious. Yet Woolf knows that 5 Mos. 14, 21—that is to say the law in Deuteronomy, which must have had its origin 600 years B.C.—contains the prohibition with regard to the suckling without the provision about the first-fruits. So the argument, based upon the compulsive and therefore direct psychic connexion between the two laws loses force; and this is all the more probable since Biblical criticism has arrived at the conclusion that 2 Mos. 23, 19, and 34, 26, represent later interpolations by the compilers of Deuteronomy in the earlier composite book (2 Mos. 20, 22-23, 19) and in the parallel passages 2 Mos. 34 ff. This circumstance which is not hard to prove since, outside Deuteronomy, 2 Mos. 20, 24, 23 and the parallel passages are the only ones in the Pentateuch which

show obvious evidence of the style of Deuteronomy. (Brewer 31 ff., 73 ff., 214, 233 ff.). Therefore, without great risk, no conclusions can be drawn from the unconscious connexion surmised by Woolf to exist between the two provisions. This is especially true since psychic complexes and particularly complexes derived from the unconscious, generally appear and disappear together insolubly united.

Finally it still seems difficult, even placing their highest value on all the considerations based upon the rejection of matriarchal cults and customs in Israel, to agree with Woolf's opinion that the use of the stove for the preparation of the Passover bread, the Mazzoth, was forbidden because it symbolized the mother's body and the Male God (according to Woolf the Sun-God) commanded that the bread should be baked in the rays of his sun. The stoves of primitive man were not shaped like a closed oven reminiscent of the mother's body but were simple flat open hearths, and it is therefore much more probable that this prohibition is to be referred to the opposition between the nomad and the settled peasant. The former disliked hearths because they had to be firmly built into the earth and were only suitable for permanent habitations to which he had the greatest aversion. and also because he preferred, while on the move to bake his bread just where he pitched his tent, on one of the shiny sun-heated stones, a primitive procedure which prevented the use of leaven.

To sum up it may be said: both the Mosaic prohibition against cooking a suckling in its mother's milk, and also the Jewish Passover ritual, can be derived, without the need for any special hypothesis, from two of primitive mankind's motives which Woolf himself recognizes, (1) From the early struggle between the matrilinear and the patrilinear customs of mankind.

(2) From an analogous conflict in general outlook between the nomadic and agricultural way of life.

REFERENCES

Albright, W. F. (1942). Archeology and the Religion of Israel, p. 72 ff. (Baltimore).

BACHOFEN, J. J. (1927). Mutterrecht und Urreli-

gion, p. 173 ff. (Leipzig).

BREWER, J. A. (1944). The Literature of the Old Testament, pp. 31 ff., 73 ff., 214 and 233 ff. (New York). EISLER, R. (1921). Orpheus the Fisher, Chap. 10 (London).

FRAZER (1933). The Golden Bough (abbrev. ed.) (London).

FREUD (1925). Totem and Taboo.

Kenyon, F. (1940). The Bible and Archeeology, p. 158 ff. (London).

Moret and Davy (1926). From Tribe to Empire (London).

Perry, W. J. (1927). The Children of the Sun (London).

Woolf, M. (1945). 'Prohibitions against the Simultaneous Consumption of Milk and Flesh in Orthodox Jewish Law', Int. J. Psycho-Anal., 26, 169-

THE DEVELOPMENT OF PSYCHO-ANALYTIC CRIMINOLOGY

By GEZA DUKES, BUDAPEST

'Ils parlent trop vite, ces messieurs. Ils parlent bien, mais ils parlent trop vite. On peut pas s'expliquer avec eux.—Anatole France: Crainquebille.

Criminology has not got much further in the psychological ætiology of crime than the classification of the different types of criminals and the description of the mental symptoms of individual types.

If we consider these descriptions in the light of psycho-analysis we see that the most relevant data are those relating to the infantilism of the criminal. Havelock Ellis writes in his book on criminals as follows: 'We observe in the criminal symptoms of inhibited development. To a certain degree he remains a child all his life, a physically matured child, with a strongly developed capacity of doing evil. This is part of the atavism of the criminal. The frequently observed intelligence of the child-delinquent is rarely to be found in the adult criminal. This is apparently due to arrested development at an early age . . . '

Brouardel, among other psychiatrists, has also observed and stressed the frequency of infantile and feminine character traits. Dostoyevski in his *House of the Dead* says of the convicts: 'children, proper children they were, in spite of their forty years of age.'

Most of the other character traits of criminals: the lack of moral sense, intellectual backwardness, slyness, vanity, improvidence etc. are in the main merely expressions of this infantilism.

Vambéry, on the other hand, states quite rightly that 'all these qualities, to a greater or lesser extent are to be found in all human beings, even in the most honest'. Provided, of course, that this can be verified by scientific methods the mere fact that these qualities are more pronounced in a large number of criminals would in itself be important and also practically useful in the fight against crime. But even this does not explain the psychological genesis of crime.

Psycho-analysis has made it possible to extend investigations also in that direction. Formerly the motive forces of human feelings, thought and actions could not be investigated. This became possible only through the application of the therapeutic methods of psycho-analysis. The understanding of the unconscious drew the attention of the psychoanalyst to the psychological problem of crime. A new insight into the libidinal structure of men was gained. Not only the analysis of neurotic behaviour but also the dream interpretation of normal persons resulted in the discovery that the primitive instincts, which in the criminal remain uncontrolled, exist in embryo in the uncon-

scious mind of all individuals, embarrassing though this discovery might be for the conscious Ego.

Psycho-analytical experience has shown that every child, at a very early age already feels the desire to commit the two acts, which society throughout the ages has considered punishable, i.e. the desire to commit incest with the parent of the opposite sex and, as a means to this to eliminate violently, to kill the parent of his own sex. The way in which the child copes with these instincts decides his future psychological development. But even when the Œdipus complex has been normally overcome traces of it remain in the unconscious mind, as also do other primitive tendencies of our 'savage' ancestors.

These tendencies are as a rule expressed quite plainly during childhood, but later on they are diverted from their original source and sublimated through proper education. As Tarde already said: 'Dilution transforms poisonous matter into a useful means of fermentation.'

It should not be difficult to prove that the most practically useful and progressive factors or forces, such as ambition, greed, civility and courage, derive from savage urges that have been gradually overcome.

The science of psycho-analysis has always been aware of this and from the beginning has shown a better understanding of those reactions which cause crime in society.

In Totem and Taboo Freud (1913) discusses the oldest forms of punishment; the prohibitions against any infringement of Taboo. Defence against our own criminal tendencies, he says, is the unconscious basis of punishment. The unconscious wishes for retaliation and retribution are instilled by the fear of the contagious power of crime or, better still, by the ontogenetic cause of this fear, i.e. the guilt-feeling, which arises through the forcible suppression of forbidden wishes in childhood. According to Freud it is the fear of the contagious example which is operative here. If someone were to dare to satisfy his repressed wishes these wishes would awaken the wishes of everyone else. This temptation can only be stifled at its source by depriving the secretly envied culprit of the profit of his deed. The punishment frequently causes the punisher to commit the same crime while pretending to punish it. Indeed, punishing justice is based on the very fact that identical forbidden urges are active in both the criminal and the avenging community. Psycho-analysis thus confirms the Christian notion that we are all sinners.2

¹ From the Hungarian volume of collected papers, Psychoanalytische Studien, Budapest, 1933. Published by B. Somlé Budapest 1932.

B. Somlé, Budapest, 1933.

² Dostoyevski's novel, *The Brothers Karamazov*, contains this sentence: 'Nobody in the world can be the judge of the criminal before he has realized that he himself is as much a criminal as the one who confronts him. Else-

where, in the same book, which Freud describes as the greatest of all novels, Lisa says to Alyosha: 'Our brother is being condemned because he killed his father, although, in the depth of their souls, people justify this and fully approve of it.' And in another chapter: 'Everyone pretends to hate evil, but deep-down they all like it, all of them.'

In the light of this knowledge it becomes evident that punishment is not only a measure of expediency but also a means of satisfying the desire of the punishing community. This knowledge also explains why the preservations of certain modes of punishment, which common experience as well as the findings of criminology have long since proved to be ineffective, is regressive and harmful. explains furthermore why nothing is done to abolish the soul-killing monotony of imprisonment, although considerations of expediency would seem to suggest the need for modification.

These theoretical considerations which are based on the experiences of psycho-analytical treatment have also determined the direction of further research in the psychology of crime and punishment. Having discovered the unconscious mechanism of neurosis formation it was natural that psycho-analysis should embark on the task of discovering the unconscious factors leading to crime.3

In 1906 Freud gave a lecture in the seminar on criminology, conducted by the Viennese university professor Löffler, on the subject of 'Psycho-Analysis and the Investigation of Matters of Fact' (Tatbestandsdiagnostik und Psychoanalyse). In discussing the method of free associations in psychoanalysis, he directed attention in the first place, only to its criminological significance in the narrower sense in suggesting that psycho-analysis might be better equipped to elucidate criminal facts and to decide questions of guilt and innocence than other psychological methods of investigation used so far. Later on, however, he suggested caution in this respect.4

The comparison he establishes in this lecture regarding the application of psycho-analytical methods between the neurotic and the criminal is of the utmost importance.

Ferenczi in a lecture (Ferenczi, 1919), given twenty years ago for the Association of Public Prosecutors and Judges on the juridical and social significance of the new science of psycho-analysisthen known to us only by his own work—stressed the significance of psycho-analysis for the ætiological and political aspects of criminology. Already on that occasion he touched upon the possibilityonly utopian—of a psycho-analytical cure for criminals, particularly for recidivists. In a later paper (Ferenczi, 1920) he made some suggestions for a new criminological psycho-analysis. He proposed that delinquents who were sentenced to prison and pleaded guilty should be visited in their prisons and be systematically treated by psychoanalysis. This would, at the same time, serve the purpose of investigating the psychological motives of crime and thus assist the discovery of appropriate means of prevention—prophylaxis by education. He expressed the view that a cure of criminals by the method of psycho-analysis was by no means impossible.

In a short but very important paper written in 1915, Freud discussed a significant aspect of the psychological mechanism of crime. In this paper, entitled 'Criminals Out of Guilt-Feelings', Freud states that even the most morally immaculate patients have told him frequently of thefts, impostures and even acts of arson committed by them in their childhood.5

At first he believed these actions had been caused by the weakness of moral restraints in childhood. However, a thorough investigation of more obvious crimes committed by adults during treatment, led to the surprising conclusion that these actions were committed mainly because they were forbidden and in order to give some psychological relief to the persons concerned.

These people lived under the constant tension of a guilt-feeling, the origin of which was unknown to them but the intensity of which decreased after they had committed the criminal act. Freud concludes that, in these cases, the guilt-feeling preceeds the guilt and that the guilt-feeling, in other words, is not the consequence but, on the contrary, the motive for the deed. Freud believes that this difficult problem can be solved in this way: the pre-existent guilt-feeling is, on the one hand, a reaction to the unconscious residues of the Œdipusphantasies of childhood. On the other hand the forbidden action, committed under the pressure of guilt-feeling is felt as relief, because it enables the person to rationalize his guilt-feelings. That is to say the person concerned could now connect his guilt-feelings with facts more tolerable to his conscious Ego. He can displace it on to the plane of actions committed in real life, which is less unbearable for his conscience than the remorse derived from the unconscious Œdipus complex.6

According to Freud this is caused by the same psychological mechanism, which induces some children-impelled by an obscure feeling of guilt-

instead of Oxford or Cambridge, possibly many of them would have landed in prison, instead of becoming honoured Members of Parliament or High Court Judges.'

³ In a paper entitled Die brennenden Wunden unseres Strafsystems, and read before the Society of Lawyers in 1932, Finkey pointed out that criminals originally condemned to life-imprisonment but later put on probation after having served a sentence of fifteen years, often committed new crimes (Finkey, 1932).

4 Reik in his paper on The Unknown Murderer emphasises that neither psycho-analysis nor psychology in general can find out the truth about material facts by

examining the accused.

The English criminologist Mayhew writes in his book, greatly praised by H. Ellis, London Labour and London Poor (1862): 'If his childhood friends on account of the crimes they committed had been sent to a reformatory

⁶ Ferenczi in his paper mentioned above *Psycho-Analysis and Criminology*, explains what an enormous part rationalization plays in the lives of criminals. He says: 'External circumstances do not produce the motive for the committed deed. The accused, if he is sincere, has to admit that he does not really know why he has committed the crime. As a rule, however, he is insincere, even towards himself and searches for and finds afterwards explanations for his basically incomprehensible and psychologically apparently unmotivated action, by rationalizing the irrational.' Similar reactions can be observed in people

to be naughty in order to provoke the punishment which then relieves them. Based on this Freudian concept Reik, in his book Confession Compulsion and the Need for Punishment (1925), develops his theory of criminal law. He finds that the psychological origin and purpose of punishment lies in the satisfaction—based on pre-existent guilt-feeling—of the offender's desire for punishment and the community's unconscious tendency to identify itself with him.

It is this desire for punishment which, by committing a crime, provokes punishment.

Reik thus generalized the psychological mechanism discovered by Freud, before further psychoanalytical experiences justified this. He believes that people who commit crimes only because they lack moral control are exceptions from the rule. He admits that his theory does not apply in their cases and he thinks that a theory of criminal law should disregard them, as nothing could psychologically justify their punishment, particularly not as a deterrent.

In a lecture on criminology given in Vienna in 1928 ⁹ Ferenczi gave full credit to Reik's work and its significance for criminal psychology. pointed out, however, that Reik in discussing the psycho genesis of crime did not take sufficiently into consideration the various theoretical possibilities due to the known aspects of the psychological structure of the human mind. He says: 'Considering that an individual is composed of all three, the Id, the Ego and the Super-Ego, an impulsive action can derive from at least three different sources: it can derive from the superior power of the libidinal forces uncontrollable by the Super-Ego or from the weakness of the Ego, in other words from the inadequacy of rational judgement. The origin of a crime in guilt-feelings, as Freud and Reik assume, is to be found only in the third class.'

With these considerations in mind, Reik's theory of criminal law justifies only the conclusion that those delinquents to whom his theory could apply, would not benefit by the preventive effect of punishment, because, to them, punishment is a stimulus rather than a deterrent.

Alexander and Staub believe that the criminal who is driven by guilt-feeling represents only an extreme case of the neurotic criminal. From their

analysis of criminals during the period preceding trial, they concluded in their book: The Criminal and his Judges (1922) that many criminals commit their deeds under the influence of unconscious psychological conflicts which psychoanalysis recognizes as the origin of mental disturbances. This neurotic criminality in its psychological content is actually not different from any other neurotic illness. Both derive from the inherent conflict—which in the last analysis goes back to the Œdipus complex—between anti-social tendencies and the Super-Ego.

The neurotic person expresses this conflict in somatic or affective symptoms. The criminal gives vent to it in an explosive deed. In both instances the conscious Ego is only the blind tool of the unconscious. The neurotic as well as the criminal strives to suffer—through illness or punishment and in the criminal acting out of guilt-feeling this wish for punishment constitutes the most essential motive. 9

Davitt in his paper Leaves from a Prison Diary (1889) writes: 'Strangely enough I saw only very few prisoners whose appearance and words gave me the impression of real despair, no matter how severe their punishment and how deep the gulf between their present and their former life.' (Quoted by H. Ellis.)

Crime is often only a substitute for a repressed wish which has been pushed down into the unconscious. In the criminal cases (theft, murder) quoted by Alexander and Staub, psycho-analytical investigations found that the unconscious incestwish was the deepest psychological motive for the deed.

In his paper 'The Unique Position of the Parricide' (1911), the first psycho-analytical study of crime—Storfer quoted the symbolic actions connected with the ancient Roman executions of parricides as proof that this method of punishment really constitutes retaliation for incest. (The murderer, together with a monkey, a cockerel, a dog and a snake was put into a sack and thrown into the sea. According to Storfer he was thrown into the sea to prevent his union with mother Earth.)¹⁰

In his lecture (1913) mentioned above, Ferenczi states that 'Psycho-analysis will more and more come to regard inclinations to steal or to commit

under hypnosis. They tend to explain their actions done under post-hypnotic suggestions by giving the most surprising explanations for them.

⁷ Freud in his paper *Dostoyevski and Parricide* explains why Dostoyevski accepted the unjustified punishment inflicted on him. He says: 'Dostoyevski knew that there was no justification for sentencing him as a political criminal, but he accepted the unjust punishment by the "Little Father", the Tsar as a substitute for the punishment which his sin against his real father would have justified.'

⁸ To be found under the title 'Psychoanalysis and Criminology' in the Hungarian journal Szazadunk (1928, No. 5)

9 Marie Bonaparte reports from her analysis of the

Lefèbre case that the woman who, before the murder, had for years been suffering from insomnia, was able, from the first day in prison to sleep well on her hard straw mattress and to rid herself of her previous anxiety symptoms and obsessional ideas. (Cf. M. Bonaparte: 'The Case of Lefèbre', Imago, 1929.)

10 Compare the essay 'Ein besessener Autofuhrer' by Alexander in the issue 'Kriminologie' of Imago, 1931, and Pfister's essay 'Ist die Brandstiftung ein archaischer Sublimierungsversuch?' Zeitschrift für Psychoanalyse, Jahrgang, 1915). Lombroso in his paper 'Kerkerpalimpseste', mentions that among drawings by criminals those of women with big drooping breasts are particularly frequent. H. Ellis considers these drawings only from an artistic point of view.

crimes against life as displaced expressions of libidinal urges'. Experience would seem to confirm these assumptions.

Abraham, too (1925), stressed the influence of the fate of the libido in childhood on the development of criminality. In the paper in which he did so he gave a psychological explanation of the criminal tendencies of a swindler who had already been punished several times.

Because of frauds committed during adolescence this man was first sent to a reformatory. escaped and from then onwards repeatedly committed fraudulent offences in various towns. The analyst had been asked by a military tribunal to investigate this case during the war. It was impossible to undertake a systematic psychoanalysis. But—on the basis of material given by the accused, reaching back to the years of his early childhood as well as of carefully checked biographical data—the following facts emerged: the man, like most late-born children with many brothers and sisters, grew up without any love and affection in the rather poor home of his parents. His parents, no less than his brothers and sisters, regarded him as an unwelcome intruder. As a result he withdrew his love from his environment at a very early age and concentrated his whole libido on himself. Left to himself, he became popular with almost everybody he met, with the aid mainly of his artistic gifts. Yet, very soon he cheated everyone whose affection he had gained. Thus he took revenge for the lack of affection he experienced in his home. Some inner compulsion drove him, on the one hand, to prove that he was worthy of being loved and, on the other that he was unworthy of this love. His repetition compulsion induced him, time and again, to make his friends expel him from their circle where, owing to his gifts, he had once been a favourite. analysis of neuroses, Abraham concludes, finds only too often that spoiling and over-indulgence are responsible for a child's excessive demands for love. By contrast, Abraham says, it is the early lack of affection, a kind of psychological starvation, which makes for the development of anti-social character traits.

According to Abraham it is owing to this lack of affection that hatred and aggression accumulate, directed at first against the more immediate environment, but later against society as a whole.

Abraham was able to follow up the case of this criminal after his discharge from prison because, five years later, he was again called in by a Court as an expert adviser and found the same man charged with new offences which, however, had been committed years ago. Yet, by the time the expert's opinion was requested, the accused had

already become a changed human being. He had long ago ceased swindling and become a decent, industrious, highly respected citizen. He had met a woman, an elderly widow, who gave him the love and care he had never experienced at home. The libido, arrested until then in infantile narcissism, had developed into object love, though still on an infantile level.

Abraham's experiences have been supplemented by Aichhorn, who writes in his book, Wayward Youth (1925), about the possibilities of re-educating adolescents. Aichhorn mentions three groups of cases of wayward youth, analysed by him: (1) those who experienced too much love; (2) those who experienced too much strictness. The third group is a mixed one, in which both extremes find expression, the child being spoilt by one parent, whilst too strictly treated by the other one. (The first group is to be found much more often in bourgeois surroundings.) ¹¹

As Alexander and Staub state in the book abovementioned, there is only a dynamic difference between neurosis and neurotic criminality. In the former, aggression is internalized, in the latter externalized, and both are said to differ in the intensity with which the power of the Super-Ego can restrain the instinctual forces. neurotic criminality, according to them, is a psychological problem, whilst criminals, free from psychological difficulties are socially, but not psychologically, abnormal. Their criminality cannot be traced back to a lack of adaptability, but to the fact that they have identified themselves with the morals of anti-social surroundings (criminal Super-Ego). And even delinquents, whose moral restraint is developed but weakly, or not at all (genuine criminals), differ from the normal human being merely in degree. Most people, so the authors tell us, are only prevented from committing anti-social deeds, not so much by internal restraint as by external compulsion.

With regard to so-called normal criminality, only theoretical considerations have so far been developed. Because of the lack of psycho-analytical experience the psychology of the so-called 'criminal by instinct'—whom criminological anthropology considers to be the 'genuine criminal'—remained an unsolved problem.

Concerning what is no doubt a very important category of criminals however, psycho-analysis has brought about psychological clarity. It has shown that *neurotic criminality* can be traced back to disturbances of the libido caused by a conflict in early childhood.

We have known since Freud, that vital energy (libido) and destructive energy (death wishes) are the two powerful forces whose interaction deter-

¹¹ Freud has earlier on drawn attention to criminality as compensation for lack of love. In his study The Exceptions, he quotes from Shakespeare's Richard III:—

^{4. . .} and therefore, since I cannot prove a lover to entertain these fair well spoken days I am determined to prove a villain And hate the idle pleasure of these days.'

mines the direction of our emotional attitude to the outside world. The one and only way of gradually diminishing the destructive energy, is through a normal development of the libido. At an early stage of this development, the expressions of the libido are still governed by the aggressiveness of the destructive energy, i.e. love is still in its sadistic phase and strives for the introjection and destruction of the object. Later Freud described guilt-feelings as an almost automatic reaction to aggression, which, therefore, precede the appearance of the Super-Ego, the conscience (Freud, 1930).

Only after the genital phase has been reached, can the balance between the two motive powers, and thereby the basis for psychological normality be created. In neurotic criminality we are dealing with the fixation of the libido at a primitive stage of development, or with regression to it; in other words with the preponderance of the forces of destruction. But such preponderance of the infantile force of destruction goes hand in hand with other tendencies, which govern the infantile libidinal life or its psychological reservoir, the unconscious.¹²

The tendency to remain fixed, to revive a psychological experience, or to return to a previously developed psychological reaction, is called *repetition compulsion*. Both Abraham and Ferenczi have pointed out that this psychological compulsion is responsible for recidivism in crime. Recidivism presents one of the most vital problems of criminology. Criminological anthropology looks upon the recidivist criminal as the most typical, the 'born' criminal.¹³

The experiences of psycho-analytical therapy have taught us that the repetition compulsion in an adult is an inherent symptom of mental disturbances, which proves to be curable. This compulsion—a psychological fact—is, as part of the instinctual life, a vital factor also in the normal development of childhood. Its effectiveness, however, decreases in the course of further psychological development and expresses itself only in the acts of our unconscious. (Recurrent dreams, the chorus of songs, poems, etc.) In neurotic disturbances the repetition compulsion accompanies the emergence of infantile wishes from the unconscious.

The cure of neuroses means, among other things, the conquest of the patient's repetition compulsion, and we can therefore assume that sooner or later it will become possible to cure relapsing criminals also by psycho-analytical methods. Psycho-analytical therapy which uncovers the unconscious motives of human behaviour gives to the unconscious a new tendency, i.e. the urge to communicate which, in special cases, as a reaction to repressions, expresses itself as confession compulsion.

Reik in his paper mentioned above, 'Confession Compulsion and the Need for Punishment', investigated this problem in its psychological and criminological aspect. The unsuccessfully repressed instinctual forces, which cannot find direct expression, manage nevertheless to assert themselves even if only in words instead of actions. This occurs frequently in errors such as slips of the tongue as Freud has described in his book, *The Psychopathology of Everyday Life* (cf. Freud, 1904).

A criminologically significant case of this kind is that of a murderer who made a fatal slip of the pen. He pretended to be a bacteriologist and purchased in this capacity cultures of dangerously infectious bacilli with which he eliminated persons, with whom he was intimately connected.

This man once complained to the head of the institute about the ineffectiveness of the cultures sent to him. In his letter, however, he made a slip of the pen, writing: 'In my experiments with human beings' instead of 'in my experiments with mice and guinea-pigs'.¹⁴

Reik calls these indirect, more or less disguised instinctual expressions, unconscious confessions. They are made under the pressure of the Super-Ego, bound up, so to speak, with self-denunciation, in a form which expresses the feeling of guilt, the condemnation of conscience. Reik explains the spontaneous confession of the criminal, made only under the pressure of the conscience which has up to now puzzled criminal psychology, as unconscious confession compulsion.

By confessing the crime the criminal really repeats it. And in this way he only begins to become conscious of his action, into which he was thrust, so to speak, unconsciously; and only in this way does he begin actively to experience what traumatically happened to him before. At the same time his confession voices his guilt-feeling, up to then silent and inaccessible to outsiders, and perhaps this alone satisfies his desire for punishment. By confessing the deed as his own he does not only relieve his conscience but he also frees the punishing community from its sense of guilt—originating in its 'collective guilt-feelings'.

This would be a psychological explanation for

¹² Certain crimes, punishable by law, such as perversions, i.e. mental aberrations which are already curable through psycho-analysis, but which cannot be eliminated by punishment are also expressions of infantilism.

by punishment, are also expressions of infantilism.

13 The theory of the 'born criminal' has lately been revived. This seems to be proved by a paper, entitled 'Crime and Fate' (1929), by Professor Dr. J. Lange, head of the Psychiatric Research Institute in Munich. Summing up his observations made on thirty twins of the same sex, all previously convicted, he states that heredity plays a

major part in criminality, or at least a much bigger one than is usually accepted.

¹⁴ Freud suggests that knowledge of the psychoanalytical interpretation of these slips and errors, if applied in time, might have succeeded in forestalling the murderer's plans. At the same time, however, he warns of hasty conclusions from slips and errors, as a slip of the pen, like that mentioned above, does not in itself establish whether it was due to actual intention or to mere phantasies. (Cf. Freud: Introductory Lectures on Psycho-Analysis.)

the great stress criminal courts lay on confessions. Reik points out that in the history of criminal procedure ever increasing importance is attached to confession. There was a time when crime was avenged with punishment, without the criminal being able to put in a word. Later on, the criminal was heard, but confession and punishment went, so to speak, hand in hand. That happened at the time when external compulsion was used to get a confession, namely, torture. To-day we consider repentant confession as a mitigatory factor. Reik believes that the time may come when the confession of the self-judging criminal—the mildest form of satisfying the desire for punishment—will render punishment unnecessary.

To-day this may still sound utopian, but it is worth remembering that two years ago an Austrian-Court made undergoing psycho-analytical treatment a condition for granting probation to a criminal.

However, the organism of our punitive society is still in its childhood and cannot renounce the urge to satisfy its primitive instincts, an urge which—though unconscious—expresses itself in our present methods of combating criminality.

For the same reason the prophecy could not come true, which Maudsley, an English criminological-anthropologist, made almost half a century ago when he expressed the hope that in a not too distant future prisons, like hospitals, would be used for the careful treatment of delinquents as well as for the advancement of scientific and social progress

Reik in his work The Unknown Murderer (1932), suggests too that it would be better to turn away from the problems of the future and rather concentrate on the more immediate tasks which psycho-analysis, as the science of human psychology, has set itself regarding criminology, namely: (1) the diagnosis of facts based on circumstantial evidence; (2) the psychological understanding of the motives of crime; and (3) the investigation of those irrational psychological factors which unconsciously influence the logical reasoning of the judge and the examining magistrate.

In many ways it will be more difficult to develop psycho-analytical criminology by collecting additional material and by the practical application of new knowledge than to develop a method proved to be as effective as the psycho-analytical treatment of neurotics.

Both further research based on experience and the practical application of its findings are, however, dependent on the power of the State.

So far only the very first steps have been made. However, some progress has been achieved in gaining a deeper insight into the psychological causes of criminality and the psychology of punishment.

Probably the most significant point is the knowledge that we all begin our lives as anti-social beings and that we adjust ourselves only gradually to the reality of our environment, provided no disturbances occur in our psychological development.

Criminological anthropology merely describes the infantilism of the criminal. These descriptions have now been given a concrete significance and a psychological explanation which can no longer be disregarded when it comes to working out more rational methods for dealing with criminals and combating crime. Already now, we have come to realize, that for some categories of criminals punishment is of no more use as a corrective than a merely external compulsion for the elimination of neurotic symptoms. Furthermore, it is obvious that the punishment of these categories of criminals is equally useless as a universal means of preventing crime. Indeed in certain instances it acts, for psychological reasons, even as a stimulus to crime. Moreover, sufficient psychological evidence has been obtained to prove that the present-day sadistic method of imprisonment—without appropriate re-education and after-care—is, on the whole ineffective, even from the point of view of individual prevention and that, on the contrary, it turns many of these criminals into permanent enemies of society.

Finkey, an eminent authority on this subject, also believes that the present method employed in cases of short-term prison sentences, tends to demoralize the delinquent and turn him into an anti-social individual.

On the basis of the psycho-analytical understanding of the unconscious, we have also obtained deeper insight into the psychological meaning of basic criminological notions such as 'sanity' and (premeditation, negligence). analysis-in the theory of criminal law-justifies and supports the deterministic school, at the same time however—even with regard to the unconscious causality—it upholds the thesis of individual responsibility. Psycho-analysis has come to this conclusion because it found that there is a psychological authority, the Super-Ego which, as the inner representative of the parents, the teacher or the community as a whole gradually develops into a restraining psychological mechanism expressing itself as a feeling of responsibility. Neurotic disturbances, and probably many criminal cases, are a sign of the bankruptcy of this inner 'self-government'. However, it might be possible to prevent a collapse in these cases of criminality, by trying to achieve a balance between the Id and the Super-Ego, by therapeutical methods in the same way as this has been achieved in cases of neurotic illnesses.

The psycho-analytical cure, whose very essence it is to achieve such a balance, has already been applied successfully in various cases of criminality.

The most effective general psychological means of preventing crime will be the elimination of those mistakes in education, which arise from ignoring the inner laws of instinctual life.

Only when education has improved in this way

will the words of Beccaria come true: 'Do you want to prevent crime? See to it that education lines up with freedom'.... We might add: Especially emotional freedom.

With regard to special preventive measures, the next task would be the opening of a clinic for criminals, as already suggested by Tarde, in which mainly wayward youths could get the benefit of psycho-analytical criminological therapy. type of analytical re-education has been applied already for years by Aichhorn at the Viennese Juvenile Guidance Clinic. Only a clinic of this type could rightly be called a 'Reformatory School'. Furthermore, it would be advisable to put into practice a resolution made as early as 1885, at the First Criminological Anthropological Congress. There it was suggested that students of criminal law should be given the opportunity of visits to prisons and the establishment of personal contacts with prisoners. One should add now that an analytical training, mainly for judges, is equally indispensable. It is most peculiar that one expects the judge, who passes judgement on car accidents, to know all about the technique of car-driving, while not demanding a knowledge of the mechanism of the human soul. This is not even demanded for a judge who has to make decisions about psychologically most involved cases.

The essential condition for a psycho-analytical understanding is that the analyst himself has undergone analysis, because only in this way can he convince himself of the significance of the unconscious. This enables him to listen to the voice of the unconscious in others and to understand their particular modes of expression. Should not the same be expected of the judge who has to decide over life and death of human beings?

Furthermore, it is a psycho-analytical experience that instinctual urges are very often brought to an explosion by the cruel and stern voice of the inner Tribunal convened by the Super-Ego.

From this knowledge governments should conclude that excessive powers wielded by the State, governmental intervention in all spheres, or the over-severity of administration, justice and law can never be suitable methods for the control of anti-social trends, or for the prevention of crime.

Alexander Ferenczi in a lecture on juridical and social problems twenty years ago gave us a positive indication of realistic individual-socialist principles, which—apart from the interests of society—also consider the rights of the individual; and instead of repressing instinctual urges—which only leads to explosion—could help to sublimate them, thus ensuring a more stable and healthy development free from convulsions, revolutions and reactions.

If it is true that people's foremost interest is centred mainly round criminal justice (Montesquieu)—a fact which is supported by the front pages of the daily press—then even those criminological discoveries of psycho-analysis which have as yet been confirmed, ought to be acted on, in spite of conscious and unconscious resistance.

Apart from Aichhorn's work in Vienna it is encouraging to note that criminology as well as criminological medicine, is being taught to-day at various universities of certain countries, already in the light of psycho-analytical knowledge. Furthermore, that some criminal courts have repeatedly asked for psycho-analytic expert opinion and referred individual cases to psycho-analytical In addition, special psycho-analytical courses have been held for students of law, and our Juvenile Court is being conducted in a way which warrants great hope for the future.

REFERENCES

ABRAHAM, K. (1925). 'Die Geschichte eines Hochstaplers im Lichte Psychoanalytisches Erkenntnis', Imago, 10.

AICHHORN (1925). 'Wayward Youth.'

ALEXANDER, F. (1931). 'A Possessed Chauffeur', Imago—Criminology number.

ALEXANDER and STAUB (1929). 'The Criminal and His Judges.'

Bonaparte, Marie (1929). 'The Case of Lefébre', Imago.

DAVITT (1889). Leaves from a Prison Diary. DOSTOYEVSKY. The House of the Dead.

Dostoyevsky. The Brothers Karamazov.

ELLIS, S. HAVELOCK. The Criminal.

FERENCZI, A. (1919). 'The Progress of Psycho-Analysis.'

—— (1920). (Trans. 1928.) 'Psycho-Analysis and Criminology.'

FINKEY (1932). Die brennenden Wunden unseres Strafsystems.

FREUD, S. (1904). (Trans. 1914.) The Psychopathology of Every-day Life. London: Fisher Unwin.

--- (1906). (Trans. 1924.) 'Psycho-Analysis and the Ascertaining of Truth in Courts of Law', Collected Papers, 21,

--- (1906). (Trans. 1918.) Totem and Taboo. Pelican Books, 1938.

—— (1917). (Trans. 1922.) Introductory Lectures on Psycho-Analysis (London: Allen and Unwin).

— (1920). (Trans. 1922.) Beyond the Pleasure Principle.

(Trans. 1930.) Civilization and its **—** (1929). Discontents.

—— (1915). (Trans. 1925.) 'Some Character Types Met with in Psycho-Analytic Work.'

— (19—). 'Dostoyevsky and Parricide.'

LANGE, J. (1929). Crime and Fate.

Lombroso. 'Kerkerpalimpseste.'

MAYHEW (1862). London Labour and the London Poor. Pfister, O. (1915). 'Ist die Brandstiftung ein archaischer Sublimierungsversuch.'

Reik, T. (1932). The Unknown Murderer.

- 'Confession Compulsion and the Need for Punishment.'

STORFER, J. (1911). 'The Unique Position of Parricide.'

TARDE, S. 'Criminalité Comparé.'

VAMBÉRY, S. 'Criminal Law-The Criminal.' Para. 3. (In Hungarian.)

A NOTE ON 'THE MAGIC OF NAMES'

By ELLA FREEMAN SHARPE

We are told that a rose by any other name would smell as sweet. Would the 'good object' and the 'bad object' be as 'good' or as 'bad' if scientific names were found for them?

If not, presumably the terms have become indispensable in scientific nomenclature. have their disadvantages, valuable as they may be as symbols of nostalgic longings for the wholly good 'as an escape from the wholly 'bad'.

Of all words in the English language they are the least discriminating. Poetic words have always an individual reference. Scientific language is exact. For the unconscious super-ego 'good' and 'bad' have the static significance of 'non-sexual' and sexual'.

It seems inadvisable to use as scientific terms those that below consciousness appeal to the superego, and this is the main argument against their employment.

'Good' and 'Bad' are the flags under which nationalisms and ideologies march, gaining recruits through a contagious belief in a good object. 'Good' and 'Bad' are the magical words of propaganda by which mass psychology is manipulated. The repetition of scientific concepts such as 'Œdipus Complex' could never acquire the power of an incantation. Such power is inherent in the frequent repetition of 'good' and 'bad' as we know only too well from childhood to old age. It seems paradoxical that psycho-analysis which

aims at making individuals capable of resistance to mass psychology is driven to use phrases that are

its mouthpieces.

It should not be beyond the power of a scientific society to find terms less appealing to the unconscious super-ego. The difficulty perhaps is that 'satisfying', 'frustrating', while adequate in meaning are inadequate in conveying the feeling of absolutism.

The enclosure of the words 'good' and 'bad' in inverted commas as far as printing is concerned would do something to indicate a specialized meaning. This device, however, does not affect the influence of verbal usage, if habitual on an analyst's part in practical work.

If 'good' and 'bad' objects are now indispensable terms it might be useful in print to use capital letters, thus, 'The Good Object', 'The Bad Object'. Such usage might keep nearer to consciousness the implied ultimate reference to God 'and the 'Devil'.

If we cannot find more discriminating epithets may it not be because of the incantation power through sheer repetition of 'The Good Object', 'The Bad Object' and proof enough of the common unconscious belief in white and black magic?

A NOTE ON THE PSYCHOPATHOLOGY OF CONVULSIVE PHENOMENA IN MANIC DEPRESSIVE STATES 1

By W. CLIFFORD M. SCOTT

Epileptic phenomena sometimes occur in manicdepressive states. Occasionally, a psychotic episode is preceded by a single convulsion or a series of convulsions. Occasionally a convulsion is followed by a change from a manic to a depressive phase or vice-versa. Occasionally the return to relative normality is accompanied by a single convulsion or a series of convulsions. Minor phenomena allied to petit mal, kinæsthesia allied to aura and psychic equivalents are more frequent than convulsions. Perhaps the most frequent phenomena allied to the epilepsies are those described as psycholeptic' by Janet and Adolf Meyer.

Winnicott (1931) discussed and stressed the importance of difficulties of oral instinctive development in children with convulsions. Kardiner (1932) reviewed the earlier rather speculative views concerning the connection between narcissism and epilepsy and published considerable case

material supporting his view that epileptic patients had significant difficulties connected with mastery of oral sadistic impulses. Several of his patients who showed both convulsive disorders and marked regression to infantile states, with inability to walk, to talk, or to feed themselves, had been previously classed with the severe traumatic hysterias. Nevertheless they showed many psychopathological connections with the group of severe inhibited melancholic states which are accompanied by a wealth of nihilistic delusions. Ribble (1936) reported four months psycho-analytic treatment of a child of eleven with frequent petit mal attacks and confirmed Kardiner's views.

The two patients whose treatment is later described have perhaps enabled me to understand some further factors which may lead to convulsive phenomena in, at least, some manic-depressive states. I mention manic-depressive states advisedly as I

¹ Slightly altered from a paper read on October 21, 1938, at the Third Annual Meeting of the British Branch of the International League against Epilepsy, London, and read

in a symposium on 'Shock Treatment 'at a meeting of the British Psycho-Analytical Society, London, on March 15, 1944.

have concluded that for a fuller understanding of the epileptic phenomena more attention should be paid to the psychopathological state before and after and not just during the epileptic state. I have tried to do so in describing the following patients' reactions.

No. E.13. This patient was a woman of twenty when treatment began. She was retarded and complained of depression, of suicidal preoccupations and of not knowing what to do. She had been breast-fed for one month, had sucked well, but had screamed herself to sleep after each feed. At one month she was put on the bottle, which she appeared to like and her anger ceased. She developed unusually rapidly and had no infantile neurotic tendencies except an inhibition in chewing solid food. In girlhood she was shy and made few friends. She continued her education, leading to a professional career, and was considered very intelligent but lazy. As a child the patient began a secret masturbation ritual which gradually became more complicated. In short she tied herself so that if she moved she was hurt, and imagined that she was a man having sadistic intercourse with a woman. In fantasy she had love affairs with several female teachers. She made a social contact with the last of this series and through her she was sent for treatment.

The patient had great difficulty in speaking, and during the first six months of treatment she gradually became more anergic, stuporose and silent in interviews. One day she suddenly jumped up from her stuporose state to stop a window rattling. The next day she jumped at me with a little cry, but collapsed and went into what was the nearest to a generalized convulsion I have seen without its being a typical 'grand mal'. It lasted about twenty minutes and was followed by extreme exhaustion. I indeed regret that the circumstances of the treatment prevented me from ascertaining her neurological state following this convulsion. In the succeeding interviews such attacks recurred but gradually changed to attacks of rage, and later into erotic attacks similar to those encountered in manic excitements. The locus of maximal activity in the convulsion, in the rage and at first in the erotic outbursts was oral.

The psychopathology of this period may be summarized as follows. During the first months the patient's sadistic masturbation gradually decreased and she became more conscious that it had developed, in part at least, as a defence against the frustration of oral satisfaction. Most of her fear of the breast had been shifted to the penis. In acting mainly the part of the man in her masturbation she maintained control of the penis. At the same time the scene of the anxiety was shifted to the surface of the body since there was no penetration. The need to control the sadistic wish to take the penis in was seen in the way she tied herself so that any movement hurt so much that movement was stopped. As she became more conscious of her

genital wishes, her over-emphasis of these as a defence against oral sucking and biting became more conscious. She became more stuporose and anergic as a means of keeping under control the hate which was aroused by frustration and also in order to keep the hate within. Gradually she became more conscious of libidinal wishes, including oral wishes; but this brought the memories of earlier types of hate more into consciousness. Bouts of hateful fantasy, as she put it, 'turned herself and the world into a mess'. There were intense wishes to keep this mess, which she felt as a hypochondriacal object, within herself. Although it shifted about within her body it was mostly where she felt her stomach was and where she felt her mind was. She wished to keep this mess separate from the external world, which, in contrast, seemed to her to be pleasant. The world was idealized. Earlier than these more recently developed feelings of a good external world she had often thought of the good external world being a dream world and not being real. There was a deeply unconscious belief in a good reality, the locus of which she was not able to locate. Her question was: Is it inside me or is it outside me? I did not interpret this as a memory of pre-natal Nirvana, but as the memory of early satsfactory sucking and of the associated fantasies which preceded the frustration which led to her screaming herself to sleep. At that early or preambivalent stage ego development was not sufficient for her to believe in the continued unity of the object which she loved and later hated. The loved and hated objects were separate as they had never yet been appreciated as continuous aspects of the same object. As the patient's stupors increased in severity, her love of an external object as something to be protected from the mess within became more conscious. As this love became more like her earliest love which had been followed by the greatest frustration and rage, the external good object became in greater danger. Immediately after her first attempts to yell at, to vomit at and to attack this good external object, the patient dealt with her ambivalence by absolutely separating the good external object from the inner dangerous mess; and she achieved this by falling in a nearconvulsion during which an attempt was made to keep the mess inside and during which it was attacked inside by all the means used previously, when the mess itself had been produced. The deepest anxiety discovered, which led to the convulsion, was connected with her difficulty in separating an incorporated bad object, which she herself had made bad and dangerous to herself by her attacks on it, from an external good object which she loved and had made good by her love. Changes occurred in this anxiety during the next months as she realized that she could alter her attitude towards her infantile rage towards me and towards her scheme for her future. From considering her rage as a bad object within herself she could consider it as a memory, activated by her present angers in analysis over which she gradually developed more adult control.

No. E.100. This patient was a male professional student who at twenty-three complained of intense guilt and sorrow at having bought a dog whip. He felt suspicious that people knew he had done so and would prevent him from continuing his career. He was very frightened at any thought or mention of pain.

He had been breast-fed till four months of age and was a greedy unsatisfied baby who cried a great deal. On the bottle he became more satisfied. Later, during the early years of life, he had frequent temper tantrums. In early childhood he had intense pleasure in fantasies of women beating children. Later these fantasies were a necessary accompaniment of masturbation. During childhood he was strongly attached to a brother slightly older than himself. In adolescence, against his brother's wishes, he ended this attachment. In his late teens the patient had an episode of envy, jealousy and suspiciousness of his brother.

Before becoming my patient he spent a year in a psychiatric clinic, where he became less suspicious and more depressed. During the first nine months' analysis he improved sufficiently to decide to take a holiday with his mother, but he found himself unable to remain with her and returned to hospital, as so many events at home reminded him of pain. He felt his distress was making his mother suffer. For about two months after his return to hospital he gradually became more inhibited and slow, and remained much by himself. He complained that he wanted to get his depression and guilt 'out'; that he wanted to scream and that he frequently felt sick. He became very ambivalent to me. Once after complaining about my using the words he had previously used when he complained about his mother, he became angry, then quickly sorry, then guickly affectionate, and fell back on the couch. His arms and legs went into tonic extension. He later said he had had bruised feelings in his arms. He began to lick his lips and then to clench his jaws, becoming very anxious and thinking he was going to have a convulsion. He looked like a patient in the early tonic stage of a fit, except that he was not unconscious. The first attack lasted two to three minutes. The attacks recurred with lessening intensity until, after two months, they ceased. As they lessened, anger became more vocal and later affection was more easily expressed. The anxiety situations remembered and imagined were similar to those of the first patient, but were less severe. His fantasies of destroyed breasts were less distorted. In the first patient's fantasy the breast was in a mess. She could give me a better idea of the state of affairs by her drawings than by her words, whereas this patient could describe his memories. He felt that

the remembered and imagined breasts were cut. bleeding, bruised and beaten. With him, as with the first patient, moreover, it was at the moment of the onset of the convulsion that he tried hardest to separate me as a good person, whom he respected and to whom he was affectionate, and whom he described much as he described his present-day mother, from the nightmarish, cut, bleeding, beaten and bruised breasts of memory and fantasy. He tried to keep within himself the feelings regarding the breasts and attempted to destroy them, meanwhile trying to keep me and his mother outside, out of touch and out of harm. At the moment when this conflict was felt to be within himself he was hypochondriacal, and, when it was felt more to be outside, his paranoid suspicions increased: but when the separation was made on the basis of what was within and what was without, as described above, he came nearest to severe epileptic phenomena. Or, put another way, one could say that, when he most wished to keep separate an aggressive attack on a bad object inside himself and a libidinal attack on an idealized good object outside himself, he came nearest to a convulsion.

The connections between the severe anger, which became a feature in both patients, and epileptic furore could be discussed profitably, but in this paper I do not wish to go beyond the mechanism present at the moment of the onset of the convulsive phenomena.

Conclusion. At the moment of the onset of the fit in these two patients much goodness was projected on to the external world. This goodness was the goodness associated chiefly with satisfying oral attitudes. They sought to keep within themselves and to destroy within themselves their own hate, which they had identified with a mutilated breast. The screams, the growling and vomiting noises and the aggressive attacks which immediately preceded the convulsive phenomena were attempts to project the bad object from within. Projection was unsuccessful owing to the almost complete identification of the body with the bad object at the moment of the convulsion.

I do not think that either of these patients became fully unconscious during the symptoms which I have described. Had they done so and consequently been more typically epileptic, the clarity of the mechanism described would not have been ascertainable so easily, nor indeed could it have been ascertained in its details at all. Had electrically or chemically induced convulsions been given to these patients, I surmise that the effect would have been to increase their anxieties concerning their memories of early oral experiences in which they believed they had introjected a mutilated breast. Repression might have been increased and social improvement produced, but the anxieties related to oscillations among depressive paranoid attitudes, hypochondriasis and convulsive phenomena would probably not have been altered.

To the extent that they considered the repression was due to forces coming from outside, the tendency to paranoid attitudes would have been increased, but such an increased paranoid attitude might well have been disguised by increased social conformity to placate the increased malevolence of the world.

REFERENCES

KARDINER, J. Psychoanalytic Quarterly (1932), 1,

RIBBLE, M. Psychoanalytic Quarterly (1936), 5, 71. WINNICOTT, D. W. Clinical Notes on Disorders of Childhood (1931), London.

ABSTRACTS

Hermann Vollmer. 'Treatment of Warts by Suggestion.' Psychosomatic Medicine, 1946, Vol. VIII, No. 2, pp. 138-142.

Warts are benign epitheliomata caused by a virus. They have been treated by laymen in a wide variety of magical techniques throughout the centuries. Spontaneous healing of warts within one month is to be expected in not more than 3 to 4 per cent of the cases. A technique of treatment by suggestion was worked out. The warts were inspected, counted and painted with a dye. Various suggestions were made, concluding with the suggestion that the warts would disappear. An impressive magical atmosphere was created. Children's warts disappeared almost without exception in from four days to seven weeks. An initial inflammatory swelling was frequently observed before the recession occurred. Common warts responded less promptly and less successfully, although there were two-thirds successful results. The average duration of untreated warts is more than ten times longer than those treated by suggestion. The author assumes that suggestion accelerates natural healing processes by inducing a surrounding hyperemia. This is supported by histological findings referred to by the author in the literature.

Sidney Tarachow.

Bertram Lewin. 'Counter-transference in the Technique of Medical Practice.' Psychosomatic Medicine, 1946, Vol. VIII, No. 3, pp. 195-199.

The completely passive cadaver is the ideal object of many sublimated, active libidinal drives, as well as those of mastery and power. In certain respects, the cadaver becomes the student's ideal of a patient. The initial relationship of the student with this first medical object is not at the level of a human identification, but of a relationship to a passive object. Sublimation of the wish for a cadaver as a patient has led to the invention of anæsthesia and the use of antiseptics. Therapeutic nihilism is a complete fixation on the wish for a cadaver-patient. The transition to a humanistic identification with the patient as a live, suffering individual is best achieved when the physician can

dissociate himself and identify himself as the needs of the patient's illness demand.

The physician must cope with the infantile aggressions of the patient. The normal doctor does not take his patient's aggressions personally; yet he registers them unconsciously. The physician's counter-transference aggressions are sublimated by prescribing drugs and by the surgical removal of parts of the patient's body. A common counter-transference defence technique is placation. The guilt for the doctor's counter-aggressions is often cleared by the taking of the history, since there the doctor succeeds in throwing the blame back on to the patient. Malpractice insurance is the rational expression of the fear of the patient's aggressions. The healthy physician comes to terms with his own counter-transference tendencies, but there is no substitute for conscious insight such as is obtained during the analysis and supervised training of the student analyst.

Sidney Tarachow.

Arthur Steinberg, Nathan Pastor, E. B. Winheld, H. I. Segal, F. R. Shechter and N. H. Colton. 'Psychendocrine Relationships in Pseudocyesis.' Psychosomatic Medicine, 1946, Vol. VIII, No. 3, pp. 176-179.

The authors report three non-pregnant patients who were convinced they were pregnant; these women had morning nausea and vomiting, amenorrhea, enlargement and tingling of the breasts, milk secretion, increase in weight, areolar pigmentation, enlargement of the abdomen and even sensations of 'life'. Quantitative urinary output of gonadotropins and estrogens was far above the normal, but not enough to result in a positive Friedman test, in all three women. In the absence of pregnancy or pituitary anomaly the authors conclude that this increased hormonal output must be attributed to the influence of the psyche on the endocrine system. In each case, when the patient was told that she definitely was not pregnant, prompt recession of the physical signs took place and the hormonal titers returned to normal. Two of the three women had strong conscious desires for a child.

Sidney Tarachow.

The Psycho-Analytical Treatment of Children. By Anna Freud. (Imago Publishing Co. Ltd., London, 1946. Pp. 98. Price 10s. 6d.)

This book, preceded by an author's preface, consists of three parts. Part I comprises a lecture course given in 1926 before the Vienna Institute of Psycho-Analysis. Part II amplifies the subjectmatter treated in the preceding lectures and was read as a paper at the Tenth International Psycho-Analytical Congress in Innsbruck, 1927. Part III attempts to summarize advances in understanding and evaluation of the infantile neurosis made by the author in the intervening nineteen years of experience. The book therefore represents aspects of Miss Freud's work from 1926, and the changes in or modifications of her views together with a statement of those which remain unaltered.

First Lecture. In this Miss Freud discusses the advisability of an introductory phase in the analysis of children, but she has since modified her views in the light of modern developments. further study of the ways and means to penetrate the first resistances in the analysis of children, she now considers the introductory phase can be shortened or rendered unnecessary. The essential details of six analyses of children are given, illustrating the work of the introductory phase.

Second Lecture. This lecture deals with 'The Methods of Children's Analysis'. The author gives details of the methods she employs and they are substantially those she employs to-day. The child analyst must, whatever the inaccuracies, hear the child's story from the parents.

Dream interpretation is as useful with children as with adults. Examples are given of dream interpretation which reveal current conflicts and the situations associated with them. Daydreams are more accessible with children than adults. Three are given in detailed analysis. The 'serial' daydream reveals the story of the child's inner life from day to day. Drawing is a technical auxiliary that Miss Freud uses to interpret children's unconscious phantasies.

Miss Freud thinks that the method of 'association' as used in adult analysis is the only secure basis on which the whole analytical work can rest and since in a child there is no 'will' to associate in the adult way, there are distressing gaps in the technique. It is a gap Mrs. Klein fills by the provision of a toy world, the interpretations of the children's actions make the latter the equivalent of an adult's 'associations'. Miss Freud's objections to this equivalency follow in the next chapter.

The reviewer with no practical experience of child analysis welcomes as a Freudian analyst of adults the following remarks of Miss Freud.

On page 16. 'Technical precepts warn us, as you know, against interpreting dreams too early . . . but with an intelligent and neurotic patient . . .'.

Miss Freud claims her right to use 'precepts' intelligently, i.e. to adapt 'precepts' to the individual who is being analysed.

On page 19. 'Even where associations to the child's dreams fail to appear an interpretation is often still possible. . . . Often one may venture to insert the missing idea . . . from one's own knowledge of the situation.' Here in practice Miss Freud finds one way of filling the gap caused by the child's lack of will 'to associate 'by 'knowledge of the situation'. Miss Freud says that analytical therapy and technique are not directly designed for melancholic patients 'but if one is undertaken . . . ' This is a tacit acknowledgment that out of classical psycho-analytical technique there is the possibility of evolving a method to meet the needs of such sufferers. Indeed only the psycho-

analyst understands the malady.

Third Lecture. The rôle of Transference in the Analysis of Children. Miss Freud considers the play technique worked out by Mrs. Klein valuable for observing the child. It gives opportunity of knowing the child's reactions, strength of aggressive impulses, attitudes to persons and things represented by toys. In a toy environment children carry out actions which in a real world can only be lived in phantasy. These merits make the use of Klein play methods indispensable for familiarity with small children not yet capable of verbal selfexpression. The reviewer would add here that whether one agrees with Mrs. Klein's scientific formulations or not her vivid understanding of the phantasy life that develops from the inner and outer vicissitudes of oral and anal phases of development has made all analytical workers indebted to her for enrichment and constant stimulus. That the factors preventing the forward movement of the libido are to be found in the first two years is established.

Miss Freud discusses the question of justification in equating children's play actions with adult 'free' association. Her view is that children form no 'transference neurosis' in the sense of a new neurotic edition in which the analyst takes the place of the original objects, as is the case in a 'transference neurosis' of adults. Since the child's play is not dominated by the purposive attitude of an adult's 'free' associations, in a transference situation Miss Freud thinks there is no justification for interpreting play actions or behaviour towards the analyst in a symbolic way. The example Miss Freud gives is of a child who wants to look inside the analyst's bag, and she says that the child may hope to find sweets in it since she had been given sweets from a bag the day before. Miss Freud calls this a 'harmless' explanation as contrasted with 'unconscious'. This should surely be 'explanation in terms of reality' contrasted with 'unconscious', otherwise there is brought in a valuation

from quite a different system than that to which psycho-analysis belongs.

Miss Freud acknowledges that whether the equation of children's play with adult 'free' association is justifiable or not, it is not to be determined by exchange of argument but a matter for review in the light of experience.

Lecture IV. contains points of theoretical, practical and technical importance.

Miss Freud draws a sharp line between the analytical situation of a child and adult patient. The theoretical basis to it is given by showing that in spite of the fact that the neurosis of both is determined by the same structural and topographical factors (e.g. conscious and unconscious, instincts, ego and super-ego) the internal situation of the neurosis of the child is impaired by the penetration of the outer world. 'This affects the mechanisms of an infantile neurosis and its analysis much more than the adult's.' The Super-ego is not yet an impersonal representative of objects but is still on the level of object-relationship and as such liable to instability. The weakness of the child's Ego-ideal accounts for its double set of morals and the instability of reaction formations.

Because of the comparatively late timing of the impersonal Super-ego of the child Miss Freud believes the child analyst must act as an educationalist also while analysis continues, i.e. act as an Ego-ideal for the child. The child analyst's work is welded with an educationalist's. This practical consequence accentuates the limitations of child analysis compared with adult.

The advantages of child analysis over adult are given. By using a 'mixed' technique it is easier (a) to bring about modifications of character in a child, (b) to modify the child's Super-ego, (c) to ease the child's task of adjustment and help to shape surroundings to meet the child's needs.

Miss Freud makes a generous admission concerning technique used in analysing certain types of adults with whom elasticity is imperative. The reviewer regrets that this admission of the need of a 'mixed' technique for some adults is marred by the stricture that such patients 'merit nothing better'. The only problem the psycho-analyst has to solve is that of the particular modification of technique needed for the individual. 'Merits' are not the analyst's concern. If they are, then we are no longer in the realm of psycho-analysis, and if we move out of it then 'Use every man according to his deserts and who would scape whipping?'

The Theory of Children's Analysis amplifies the subject-matter treated in the foregoing series of lectures.

The reviewer would agree with Miss Freud that a 'transference neurosis' in the clinical sense of transference of the full Œdipal conflict does not occur in a child's analysis for reasons that follow, but she would not therefore contend that interpretations based on those aspects of transferred emotions that do occur were thereby invalidated. By such interpretations release of libido takes place and readjustments are made that ensure future development. It seems to the present writer that reality dependence of the child upon its parents is inseparable from ego repression of Œdipal wishes and at the same time an effective cover for phantasies. 'Flight to reality' is recognized as an adult defence against Œdipal phantasies. 'Reality' for children provides the stuff for phantasy. Food, clothing, home, attention are ego necessities even after intimate bodily care is no longer given, and with these both ego repression and unconscious phantasies are maintained.

The full Œdipal situation in psychical terms is only transferable when physical dependence for maintenance of life itself has passed away. The only adequate analysis of the Œdipus conflict takes place through the ego when physical dependence upon the original objects is no longer necessary.

Part III, called 'Indications for Child Analysis', dated 1945, gives Miss Freud's present views upon the problems of child analysis and in clear concise language she states her present conclusions drawn from a long experience. The chequered history of child analysis is sketched and the prejudices that had to be outlived. The controversies concerning techniques, appropriate age for analysis, range of application are stated.

The evaluation of Infantile Neuroses follows with discussion on selection of cases. The chapters on Libidinal Development and Neurotic Interference with Ego development are invaluable for every student of child psychology, psychoanalytical or educational. The story of Ego development is one that Miss Freud has made especially her own and she writes with lucidity and a characteristic sanity.

Upon the controversies within the ranks of psycho-analysts here and in other countries concerning Mrs. Klein's play technique as a means of analysing children Miss Freud says they will not be settled by 'exchange of argument only by review in the light of experience'. Since practitioners following Mrs. Klein's methods, as well as those following Miss Freud's, can demonstrate success by improvement and cure of their child patients, the reviewer understands that Miss Freud means the actual process of cure is not yet understood. That 'at present our analytical knowledge about the developmental processes on the libido as on the ego side is still very incomplete in itself' psycho-analysts would agree. At the same time Miss Freud has no need to be doubtful about the results of her own work in this field seeing that concepts of education now being given to teachers in London are inseparable from her own researches.

The reviewer as an analyst of adults is concerned in practice mainly with the factors making for regression. As such she agrees with Miss Freud that it is only the long faithful detailed analysis after repression and reaction-formation have been established that the whole pathway of development can be adequately retrodden and long-term assessments made of an individual history in an individual environment. It is in such analysis only that perspective in 'retrospect' is possible and the unearthing of the formative incidents, the age at which they occurred and the phantasy formations associated therewith. Moreover the results of the interplay through years of infancy and childhood of the unconscious psychology of parents and child is only to be understood in its intricacies through adult analysis.

As an example of a traumatic event registered by the ego and discoverable in adult analysis I would mention a constant factor in adult obsessional cases of the discovery of menstrual blood at the height of the anal-sadistic phase. Does a child undergoing analysis at this age communicate such discovery to the analyst? Or is it possible to estimate in child analysis anything at all of the long process of disillusionment that sets in after the repression of the Œdipus wishes, a process to be traced in every adult analysis.

It seems to the reviewer that the *function* of child analysis must be considered from a different angle than that of an adult and the younger the child the greater the difference.

Liberation of libido from oral and anal fixation stages, a redistribution of energies, a greater equilibrium between instinctual stresses enable the child to move forward to developments that are still prospective.

Play technique carried on in a controlled environment under the ægis of an analyst who understands the drama being enacted can lead to that very needful liberation of libido and redistribution of stresses to secure greater equilibrium of instinctual energies. In symbolized drama (the dream lived in play) Id and Super-ego domination of the Ego, at first so stark and uncompromising, gives place to an increasing number of roles of identifications. This in itself is a broadening and deepening of personality, an extension of sympathies, a redistribution of energies. The component sexual impulses of pre-genital sexuality allied to ego-activity in such play find their pathways to future sublimation.

Whatever the scientific nomenclature such would seem to be the way a successful analysis of children works. An adult analysis begins when those developments which are prospective in a child's analysis have been made. The analytical pathway of discovery is retrospective and along that alone can we trace the varying stages of ego-development which have given the total psyche the form and the shape we meet in the adult.

Miss Freud estimates more highly than the reviewer the degree of 'maturity' attainable not only by an adult but by any adult, analysed or unanalysed. 'Maturity' either of mental outlook or of emotional development at the present stage of evolution is a thing of shreds and patches. We are inextricably part of present-day civilization and its discontents. Because we know this we can dismiss past asperities, pursue our individual researches, pool our experiences whether acceptable to others or not, and leave, as we needs must, the scientific formulations of 'the truth, the whole truth, and nothing but the truth 'to the future.

Ella Freeman Sharpe.

Population, Psychology and Peace. By J. C. Flugel. (Watts and Co., London, 1947. Pp. xvi + 142. Price 2s. 6d.)

It is a well-known principle of economics that, in the production of almost any commodity, the law of increasing returns eventually gives way to the law of diminishing returns. If, therefore, the output of all commodities per man is plotted against the total population for any economic area at any given time, the resulting curve will be hillshaped, first rising to a summit and thereafter falling again. There will be a point, at the top of the hill, at which the output per man, and therefore the standard of living, is highest. This gives the 'optimum' population for the area and period concerned. There will also be a point, some way down on the far side of the hill, at which the output per man is only just sufficient to support life. This gives the 'maximum' population.

The shape of the hill and the position of the points are not of course unalterable. Indeed, the hill expands and the points recede with every improvement in the technique of production. But the fact that they are further from their starting point today than they were yesterday, and that they may be still further off tomorrow, does not prevent them from existing.

The Malthusian doctrine, which Professor Flugel here discusses, includes a theory and a recommendation. According to the theory, the population, if unchecked by abstinence or contraception, tends to reach its maximum—even though the maximum may be receding. It behaves, in Professor Flugel's analogy, like an express train which, if the brakes are not applied in time, would inevitably run into a slower goods train ahead. The recommendation is to apply the brakes and so to prevent the catastrophe of famine; and, we may perhaps add, to apply them in such a manner that the population is maintained, not merely below its maximum, but at or near its optimum where the highest standard of living can be enjoyed.

The theory is not difficult to grasp, and, once grasped, can hardly seem in doubt, while the recommendation points the way to the most cherished of our conscious social aims. But 150 years after their enunciation both are still subject to every form of misrepresentation and attack, and neither have yet won any large measure of popular support.

It is true that among the more civilized democracies the recommendation has been to some extent accepted; but it has been accepted without acknowledgement, and indeed in face of the denial, of the underlying theory. The citizen who maintains his own standard by restricting the number of his children deplores the falling birth rate of his country as an unmitigated evil—and not only from the military but also from the economic point of view.

Of course it may be dangerous to be the first to practise Malthusianism, for the territory of an optimum population enjoying the highest standard of living excites the envy of neighbours with maximum populations at or near the subsistence level. But such considerations, although they may sometimes justify a reluctance to outdo others in Malthusianism, do not explain the denial of its purely economic benefits—still less the deliberate stimulation of the birth rate by over-populated nations, like Germany, Italy and Japan, who preferred the hazards of war to the security and increasing comfort of a decline to the optimum population.

That after 150 years of preaching by enthusiastic converts, the world is not yet able to recognize Malthusianism as a necessary, though not of course a sufficient, condition for its comfort and security can be explained only by the presence of unconscious motives. To analyse, and so weaken, these motives is the main purpose of Professor Flugel's

very readable small book.

It is written with all the lucidity, the reasonableness, the temperance, and, I should add, the courage, that we are accustomed to find in all his work. It is, therefore, likely to achieve its aim of weakening the resistances to, and so furthering, the Malthusian point of view. Yet it may leave some readers with a lingering doubt. They may no longer dispute the general Malthusian conclusion. They may learn to discount the irrational influence of their prudery, of their castration complex and of their reluctance to give up their belief in a bountiful Nature to provide for all her offspring. But when all such motives are allowed for, they may still feel that there must be some other, more fundamental, reason for their resentment against anyone, Malthusian or eugenist, who questions their right or their worthiness, or who seems to interfere—if only with the gentlest of advice with their freedom, to propagate themselves.

And here Professor Flugel opens a topic of great and controversial interest, for it concerns the origin and intensity of the procreative impulse. People desire intercourse and are devoted to their children when they have them; but have they any physiological need for children before they actually arrive? Professor Flugel is inclined to believe, with Harding, that the physiological need is for intercourse only and not for children, so that the parental, as opposed to the sexual, impulse is purely

'reactive' and has no 'apetitive' element. If so, the restriction of the size of families by contraception does not frustrate an instinct.

Now Professor Flugel's point is not that we have no desire for children, but that we do not desire a continuous succession of them. Nevertheless, the impression left, at least on the unwary reader, is that the positive desire for children is being underestimated. Whether or not there is a physiological stimulus which can only be relieved by continuous reproduction, an intense desire for children develops very early in children of both sexes, and certainly survives in unconscious, if not in conscious, phantasy. It expresses the child's own craving to be an omnipotent creator. It expresses, perhaps in its most basic form, his identification with his parents, whose creativeness he so much admires and desperately desires to imitate. And it expresses his reparative impulse which neutralizes his equally early desire to steal or destroy their children. Indeed, for this reason, we may doubt whether the conceptual separation of reproduction from sexuality is not a conscious achievement never unconsciously accepted. Creation, reparation and destruction seem, almost from the beginning, to be complementary components in the genital impulse which is thus both sexual and reproductive.

If, as I believe, the desire to reproduce is not only intensely strong, but inseparably combined with sexuality, the suspicions of anti-Malthusians (and anti-eugenists) have a further basis. fear a real frustration both to their creative and to their reparative impulses. It is true that their fear remains largely irrational; for their desire for children is accompanied by an unconscious desire to deprive others of them, which they project on to the Malthusians, and so interpret an exhortation to have fewer children as a denial of their worthiness to have any children at all. But the fear is not wholly irrational, for the desire to deprive others certainly exists, and, in a world which is abandoning liberalism, exhortation may be a step towards control.

This does not disprove the truth of the Malthusian theory or the soundness of the Malthusian advice. But it does suggest that, to be tolerable, the planned Malthusianism of the future must be based on inducement rather than control. And with this conclusion Professor Flugel would no doubt heartily agree.

Roger E. Money-Kyrle.

War, Crime and The Covenant. By Géza Róheim, with an introduction by A. A. Brill. (Journal of Clinical Psychopathology, Monograph Series No. 1, Medical Journal Press, Monticello, N.Y., 1945. Pp. v + 160. Price not indicated.)

Readers of Dr. Róheim's previous works will know in general what to expect of the present book.

They will find all the usual wealth of brilliant intuition and profound erudition, but unfortunatelyagain as usual—these great qualities are not accompanied by a corresponding lucidity of exposition, so that the student not gifted with the author's nimbleness of mind (all the more amazing perhaps in view of the weight of learning that it carries) will sometimes be hard put to it to follow the trail along which Dr. Róheim would lead hima trail which he himself pursues, apparently with little effort, through a vast undergrowth of facts brought together from the most varied sources, from his own observations in the field and the consulting room, from the data collected by other anthropologists, folklorists and psycho-analysts, from Biblical and classical mythology. In one important respect, however, there is a difference from some of his earlier works. This lies in the fact that his argument here is purely ontogenetic. All the facts to which he draws attention can, he thinks, be accounted for in terms of individual development and nowhere does he rely on phylogenetic explanations—this in striking contrast to his own earlier Australian Totemism or Freud's Moses and Monotheism.

Within this limitation, however, he is concerned with fundamentals, in the sense of influences that affect us at the very beginning of our existence as individual human organisms. Taking his inspiration largely from recent work of I. Hermann, he draws attention to the close biological (and later, social) connexion between the infant and its mother, a situation which he describes as one of 'dual unity' (an expression borrowed from a patient of Hoffmann's). The infant is dependent on its mother, but this dependence is destined to be gradually reduced as its life proceeds and as its individuality becomes increasingly independent of maternal care. This independence is acquired through frustration, i.e. in the last resort, absence of the mother, and hence is intimately associated with aggression. Eros or libido is therefore at bottom always a seeking to re-attain the lost unity with the helpful or protective mother, while destrudo or aggression is the reaction to frustration, a reaction through which the individual asserts himself against the mother who is not present when wanted or who does not provide the love, care and protection that are required—the expression of duality as opposed to the expression of unity.

We have here an alternative explanation of the basic facts that Freud would describe in terms of the antagonism between Eros and Thanatos, though it is admitted that Freud's formulation may be correct at a still deeper level (as applying presumably to all life and not merely to mammals or other animals dependent on parental care). At any rate the twin complementary drives towards unity and separation respectively are thought to be at work at many levels and in many different aspects of human life. The Œdipus complex, the

importance of which is not denied, is interpreted as deriving largely from the fact that at the stage of development concerned the aggression is displaced from the mother to the father; while, in general, the original drive to unity expresses itself as a tendency to identification, and aggression is frequently dealt with either by turning it against the self or by means of projection on to other groups or individuals (it is here that the social applications of the principles come in). In whatever sphere it manifests itself, however, aggression is followed by guilt and a desire for a restoration of the broken unity ('libido follows destrudo' we are told, though we are not shown clearly how it applies to the aftermath of modern war). The guilt, however, is again dealt with by projection and this leads to fresh aggression, so that an endless cycle of aggression and identification is set up-and this cycle, it would appear, is what constitutes life.

In the course of the exposition many manifestations of this cyclic activity are dealt with. It is shown to be at work in the relations between the ego and the super-ego, in the notions of law and justice (making the punishment fit the crime), in myths of human origin (which can often be described as 'separation' myths, some striking examples being given), in the formation and breaking up of human societies, in the alternation of mania and melancholia, in the separation and unification tendencies of obsessional neurosis, in the ritual of gifts, in trade and commerce, and above all, in war (with its intensification of intra-group cohesion and inter-group aggression). The author's attitude to war is therefore somewhat fatalistic, and in this connexion he vigorously disputes the views of those (e.g. M. R. Davie) who seek to interpret war primarily in terms of economic motives.

Truly a gigantic canvas, but one on which the details of the picture are still all too obscure. The trouble with all very general factors, such as the one here dealt with, is that in explaining everything they explain nothing. Before we can derive real illumination from them we must understand not only the general principle involved but the qualitative and quantitative details of its application in any given case, and in the present exposition the student is all too often whisked away by his nimblewitted guide before he has had time or opportunity to grasp the full significance of the particular aspect of the picture to which attention has been drawn. Indeed, the state of mind of the reader is apt to exemplify the author's thesis. At one moment he may enjoy a dawning sense of a tremendous unity, a great synthesis of the apparently disjointed fragments of the human scene, but at the next this sense of unity is broken by a seemingly abrupt transition to some fresh aspect of this scene and the fragments lie before him almost as separate and unrelated as they were at the beginning.

It is clear, I think, that before the 'dual unity' notion can be of much service, either in theory or

in the practical treatment of individual or social problems, a tremendous amount of detailed work will be required. This work will have to take the form of investigating the detailed history of a child's relation to his mother, both in different individuals within a given culture and under different cultural conditions. (The author himself has in other works already shown the probable importance of this latter, as have also the members of the 'culture pattern' school.) The relative influence of pre-natal and post-natal dual unity will also have to be examined, and this brings us back to the possible significance of the birth trauma (that supreme and most drastic 'separation'), as regards which we are still vastly ignorant, largely for want of appropriate research. Meanwhile we can only bear in mind the possible significance of the author's main thesis that 'mankind is forever trying to re-unite what has been separated and to separate what has been united', and, taking it as a working hypothesis, endeavour to see what explanatory value it may have when applied in turn to the varied problems of individual and social life.

In the present work the author has deliberately refrained from comparing his own views with those of others, so far as his main thesis is concerned. It is clear, however, that his position has much in common with those of several other writers, e.g. Suttie, Horney, Fromm, to name only three who have approached the matter from a more or less psycho-analytic point of view. The first of these writers in particular, holding as he does that the social impulses are in some way derived from or connected with dependence on the mother, seems to stand very near to Róheim. In Suttie's works, as in this recent book of Róheim's, the mother assumes a relatively much greater importance than she does in most of Freud's work, where the father so often occupies the centre of the picture. Since it is obvious that in ontogeny the mother's influence in matters of psychology must be the chronologically earlier, it would seem likely that this greater accent on the maternal element is a natural accompaniment of the development of psychoanalytic knowledge, as it pushes ever further back into the dim pre-history of mental life. But the further we push back, the greater the difficulties and obscurities that we encounter-and the greater also the burden of doubt and uncertainty that we are called upon to bear if we would prevent our science being swamped by generalizations which, in their present inevitable lack of clarity and detail, can hardly be described as otherwise than mystic.

J. C. Flugel.

Les Deux Sources Consciente et Inconsciente de la Vie Morale. By Charles Odier. (Éditions de la Baconnière, Neuchâtel, 1943. Pp. 260. Price 8 Swiss Fres.)

Although psycho-analysis has in recent years aroused more popular interest than any other

school or branch of psychology, popular understanding, such as it is, is still largely confined to the earlier stages of psycho-analytic discovery and theory. This is doubtless due to some extent to the fact that the earlier discoveries were so often of a 'shocking' kind-with the result that some of those who learned of them definitely turned their backs on the school and all its works, since it seemed to be immoral and subversive, while others (eventually a far larger number) were attracted by the lure of the revolutionary, the unrespectable and the forbidden. When in later years the attention of psycho-analysts was directed increasingly to the ego and the super-ego rather than to the id, the former class of potential readers were already too deeply committed to their disapproval to expect anything good of the new developments, while the latter found these developments less lurid and enticing than the previous revelations and hence were less inclined to pay attention to them.

Partly, however, the lack of understanding may be put down to the lack of suitable synoptic presentation of these later developments. Even serious students of psychology have for many years been hard put to it to find, for instance, suitable up-to-date general presentations of the super-ego doctrine in its various developments and for the more general public there was for long hardly a single book that presented this doctrine with suitable emphasis and detail and in appropriately palatable form. Indeed, from the very beginning of psycho-analysis there have been surprisingly few endeavours to deal generally and impartially with the bearing of psycho-analytic findings upon the problems of ethics. It is this very necessary task that Dr. Odier has undertaken in this book, which may be said to be an attempt to expound the psycho-analytic doctrine of the super-ego and to examine its relation to current religious and ethical conceptions. He is probably quite correct in surmising that some of his readers will be sceptical as to whether psycho-analysis, which they had already decided was a 'satanic' body of doctrine, could have anything of value to contribute to ethics. To many more, however, who are not so much prejudiced as merely uninformed, much of this book should come as a revelation, both as regards the facts it describes and their bearing upon current notions of moral conduct and responsibility.

As an exposition of the whole super-ego doctrine the book covers much the same ground, has much the same purpose, and thus challenges comparison with, Man, Morals and Society by the present reviewer, who is therefore ipso facto not in a position to weigh the respective merits of the two books. It should, however, be pointed out that Dr. Odier has the credit of priority, and it can be added that if the present reviewer had not, owing to war-time conditions, been ignorant of the appearance of Dr. Odier's book, his own contribution would probably not have been written. But the theme

is so vast and important that not merely two but quite a number of books will no doubt eventually be devoted to it—and this will hardly be a matter for regret, for each exposition will have its own particular merits and defects, and each, in all probability, will prove specially suitable for some particular purpose or some particular circle of readers. It may, however, be of some interest to indicate here the chief differences between Odier's approach and those of the present reviewer in the book already mentioned (itself reviewed in this Journal, Vol. 26, p. 183):

(1) Odier writes with obviously greater care not to offend the susceptibilities of those who are suspicious of psycho-analysis on moral or religious grounds. Early in his book there is even a short 'Note addressed to Christians', and throughout he takes particular pains to emphasize that unconscious motives may often defeat or betray high moral or religious aspirations. Perhaps it may be said that, whereas Man, Morals and Society aims largely at conciliating psychologists and those who are generally convinced that psychology is of importance, Les Deux Sources aims rather at conciliating those who are primarily convinced of the importance of moral or religious ideals and codes of conduct.

(2) Odier is rather less concerned with the genetic approach than is the present reviewer. He deals chiefly with the manifestations of the superego in the adult and comparatively little with the growth of the super-ego in the child. This is no doubt partly because, owing to the war, Swiss psycho-analysts have been little influenced by the work of Melanie Klein and her followers and the discussions to which this work has given rise. Nevertheless, it is perhaps a little astonishing that, writing in a country which has produced so much good work in child psychology, he should pay so relatively little attention to questions of origin. He may perhaps have felt that these would merely complicate matters for the type of reader he had chiefly in view.

(3) Odier's approach is more individual and less social than that in Man, Morals and Society. There is hardly any mention, for instance, of politics or war, while on the other hand there are numerous detailed and highly valuable individual case histories of a kind almost totally lacking in the English book. For this reason alone Les Deux Sources may be well worth consulting even by students who are already acquainted with the former work.

(4) As the title of his book indicates, Odier is specially anxious to stress the difference between conscious and unconscious morality. Here he was doubtless guided not only by the lesson he wanted to drive home to his prospective readers, but also by his admiration for Bergson and the dualistic approach of this philosopher as manifested, for instance, in Les Deux Sources de la Moralité et de

la Religion, from which, of course, the present book derives its title. The 'two sources' described by Bergson and Odier respectively are admittedly not quite the same, and Freud is considered to have greatly enlarged our knowledge of the basis of those intuitive elements with which Bergson was concerned and to have shown at the same time that. by and large, they are often less trustworthy and beneficent than Bergson was inclined to believe. Nevertheless, the dualism still remains and is revealed in the very sharp contrast that is drawn between conscious and unconscious morality—a contrast which is brought home to the reader in a table with two columns occupying no less than twenty-eight pages. Another attempt in the same direction is the description of conscious moral aims as 'values', of unconscious aims as 'functions', the former depending more on principles or long-term ends, the latter being concerned rather with the satisfaction of immediate ends or needs.

Though this dualism may sometimes perhaps lead to over-sharp contrasts, to some simplification. and to a neglect of transition cases, Dr. Odier is certainly not unaware of the delicate nature of the interaction between conscious and unconscious morality. Indeed, he devotes considerable space to showing how in some cases values and functions may work harmoniously together, while in others there may be conflict, with resulting impairment of the values adopted, however high these may at first appear. In this connexion too there are excellent treatments of reaction-formation and compensation, as also of what he felicitously calls 'bilanisme' (a word for which we have as yet no recognized equivalent in English)—a tendency which manifests itself in two main ways: (1) in the need to equalize suffering between individuals, as shown for instance in the principle of talion punishment; (2) in the attempt to establish a sort of balance between pain and pleasure, between duty and satisfaction, within the individual mind, analogous to a bank account with its credit and debit sides.

This much description must here suffice. It would take far too much space to enumerate all the other interesting and excellent features of this book. It can, however, safely be said that it goes far towards fulfilling a very long-felt want.

J. C. Flugel.

Psychoanalytic Therapy. By Franz Alexander, M.D., and Thomas Morton French, M.D. (The Ronald Press Co., New York, 1946. Pp. 343. Price \$5.00.)

In writing this book Drs. Alexander and French have had the assistance of nine other collaborators and they form a unitary team with an identical outlook. It may be surmised that Dr. Alexander, who has written the larger part of the book himself,

has supplied the main driving spirit of the team, since it has been known for some time that he has organized in his Clinic a group of fellow-workers imbued with the ideas promulgated. Together they have produced a very stimulating book. It could be particularly useful in seminars where students could be asked to produce their reasons for agreeing or disagreeing with various parts of it.

To describe psycho-analytic technique is such a complicated and difficult task that few experienced psycho-analysts have ventured to attempt it. In this book, with its misleading title, the authors have got round the difficulty by describing something other than the technique of psycho-analysis. Instead they describe various other useful methods of treatment, and their justification for the title of the book is that in their opinion any method of treatment informed by psycho-dynamic principles deserves to be called psycho-analytic. This broad, if inaccurate, conception characterizes the work of their Institute, which we in England might well describe as that of the early Tavistock Clinic much improved.

The main contention of the book is that 'psychoanalytic' work needs to be much more flexible than the authors think it is. Postulating an unreal rigidity and narrowness in what they call 'traditional', 'orthodox' or 'standard' psycho-analysis they gaily tilt at a number of windmills in a way that would be laudable were it necessary. Thus inspired their zeal carries them past the mark and they rush on in full flight beyond it.

It is the authors' main thesis, in itself an undeniable one, that every case should be judged on its merits and a free choice exercised in the form of treatment and method of approach adopted. But it is startling to learn that few cases if any need the 'standard' technique of analysis, which should be reserved, if at all, for severe chronic cases. For the most part it can be replaced by the tactful application of psychological principles and knowledge. In many cases, indeed, the therapeutic task is mainly the necessity of changing the external conditions of the patient's life.

The attitude just indicated certainly leads to many divergencies from what is generally regarded as psycho-analytic therapy. For instance, 'guidance' of the patient's external life, which may of course be occasionally necessary in certain particular circumstances, is given a very prominent place in the treatment, since it is considered that emotional experiences in 'real life' are often more instructive and beneficial than those in the 'shadow-play' of the psycho-analytical situation itself. Daily treatment is seldom desirable. Many patients do best with weekly interviews or with still less frequent ones. Frequent interviews bring the dangers of dependence on the analyst, various gratifications, or even erotic attraction to him, and it is to be surmised that in the authors' opinion the

best way to avoid them is, not to analyse their significance, but to diminish the opportunity for their occurrence. Altogether there is a good deal of tilting at the dreaded 'transference neurosis', and many ways are suggested for avoiding this calamity. Thus the analyst, clearly divining the kind of transference the patient intends, should dissimulate and act suitable parts so as to foil him.

Under the impression that other analysts are completely tied to what they call 'the convention of the couch', the authors proceed to the other extreme by which most of the interviews take place with the patient sitting face to face with the analyst as in direct conversation. True free association does not appear to play an important part. The patient is asked to relate his troubles, whereupon the analyst divines the nature of them and corrects them. One must, however, be very cautious in making interpretations; in fact, many patients can be treated with almost no interpretation. The authors rightly point out that if this is done à l'outrance, irrespective of the patient's capacity to assimilate them, detrimental reactions may then impede or break off the analysis. This procedure, which one gathers is characteristic of 'standard' analysis, is called 'forced insight', though it is hard to see why the word 'insight' should be applied to it at all.

'Standard' analysts are supposed to make the recovery of lost memories their main goal. Dr. Alexander asserts that it was not until 1930, when he pointed it out, that it was discovered that this recovery was the result rather than the cause of progress. In a subsequent chapter, however, he admits that Freud had stated this long before, and, indeed, one would think it had been common knowledge for decades.

Nearly half the book is made up of a number of instructive and interestingly presented case histories with a clear description of the modes of treatment adopted.

So far this review may appear to be mainly adverse. Nevertheless we consider the book to be a valuable and useful one. To practitioners having little or no knowledge of psycho-analysis, and perhaps holding a position at a clinic attended by a large variety of patients, it should prove not only valuable but illuminating. Such penetration, skill and tactfulness in the handling of patients as are here demonstrated will show other workers the advantages of an inspired and highly trained team. Our only criticism is that such a reader would be left in ignorance of the important fact that besides the various methods here described there is such a thing as real psycho-analysis.

The word 'unconscious' is not mentioned in the index, nor have we been able to find it in the text itself. Perhaps indeed it is not germane to the content of the book.

Deep Analysis. The Clinical Study of an Individual Case. By Charles Berg, M.D. (Lond.), D.P.M. (George Allen & Unwin Ltd., London. Pp. 261. Price 12s. 6d.)

This book is a record of the analytical treatment of a case which was carried through to a successful therapeutic conclusion. There are few literary tasks more difficult than to present a true and comprehensive picture of psycho-analytical treatment. This is partly due to the fact that the changes which take place in the mind of the patient are dynamic, fluctuating and varying from day to day over a long period of time. The result is that a description of treatment which is bound to confine itself to the outstanding and critical periods gives little idea of the day to day work which is equally essential.

The author is bold and sincere in the treatment of his subject and succeeds in illustrating clearly many of the salient points connected with Freud's psycho-analytical theory and technique.

He works out his case theoretically in terms of the libido theory, and shows the effect of frustration and repression of libido in connexion with the Œdipus Complex resulting in inhibition of adult sexuality.

From a technical standpoint he speaks of the need for the doctor treating the case to be free from anxiety, and the necessity particularly in the preliminary stages of the treatment, for a tolerant, patient and understanding exploration of the patient's mind, rather than an effort to cure symptoms. He places the relationship between the patient and analyst in the forefront of the picture, showing that it represents the main dynamic of cure.

It might appear from the author's description of the formation of a positive transference (p. 20) that the patient must be actively encouraged to love the analyst, and that a preliminary negative transference necessarily prohibits the progress of analysis. The majority of analysts will agree that the immediate understanding without criticism, which the trained analyst is able to show from the beginning by interpretation of the superficial aspect of the patient's problems, brings into being the positive transference phenomena, and that apart from ordinary kindliness no more positive manifestations are required. Unfortunately many mentally sick people come for treatment full of anxiety and fear, and do not trust or believe in any doctor. They often imagine the analyst to be a potentially dangerous person from the beginning. In such cases the interpretation of the negative attitude of the patient may have to be given at the first interview. The so-called 'deep interpretation' mentioned by Dr. Berg (p. 21) may refer to this situation, as the negative transference results from the projection from the patient's unconscious of a repressed hated imago. Other forms of 'deep' interpretation given in the preliminary interviews may interest or surprise certain patients but are not of ultimate value.

When discussing the causes of his patient's character difficulties in the chapter on the first analytical sessions (p. 35) the author, using Freud's structural terms says 'the meaning of life resides in the id', again the 'wisdom' (unconscious wisdom) 'of the ages resides in the id'. Freud defines the id as a reservoir of primitive impulses. It is obvious of course that speaking from the point of view of the human race the sexual instinct is responsible for the activity by means of which the race is preserved. In the life history of the individual, however, the primitive qualities of the infantile sexual impulses and what might be descriptively spoken of as the lack of 'wisdom' associated with these drives are partly responsible objects, resulting in the need for repression and defences.

Dr. Berg describes the course of treatment in different phases and the picture which he draws of his patient's reliving his emotional relationship to his father and then his mother in the transference illustrates clearly the dynamics of cure.

When dealing with the patient's pregenital phases the author is not so successful theoretically as he is with the genital phase and Œdipus Complex. In the actual treatment the recognition of the immediate transference situations ensured the progress of the analysis. Dr. Berg regards the anal phase as exclusively auto-erotic and excludes the possibility of transference or whole-object relations in his exposition of the theory.

This is incompatible both with the material acted out in the negative transference with the threat of breaking off and nonpayment of bills and in the dream material. The dream about the "ball of cows" (p. 154) is a sadistic dream of rejecting the parents (the analyst) identified with fæces. The author does not emphasize the significance of the patient's introversion and regression as the consequence of frustration. Nor does he point out how the sadism evoked was turned against the parent imagos, introjected as bad objects as a result of the frustration. There are references to depression and deadness associated with oral frustration, but the phantasies are not uncovered. It is doubtful whether the author paid enough attention to the patient's aggression in early phases.

The limitation to the genital phase of relationship to whole objects ignores the fact that the development of object love begins at the breast. The development of object love is gradual and fluctuating, and associated with defences against anxiety and hostility, which include an attempt to substitute phantasied objects for external objects. These observations make it impossible in an analysis to accept boundaries between the phases. The fact which Freud first discovered, namely the importance of psychical reality to the immature mind, explains why phantasied objects and images

influence the child and the psychotic as well as real external objects.

On page 187 the author says 'the real therapeutic changes are emotional changes, not ego changes, and many of these emotional changes still remain to be achieved'. This is a misleading statement. The therapeutic success of an analysis depends on the changes which take place in the ego, which are essential if the emotions are to find full adult expression.

The patient in question had good ego development and pregenital fixations with the phantasies associated with them were dealt with by transference interpretation. Re-experiencing in the transference seems to have been sufficient to relieve the anal sadistic phantasies.

The title *Deep Analysis* is open to criticism for many reasons. There is at present uncertainty as to the relative value of interpretations of earlier or later phases of psychological development, and in the present instance the good results seem to have arisen from the working out mainly of the genital rather than the earlier phases of repressed infantile sexuality.

S. M. Payne.

The Feminine Character: History of an Ideology. By Viola Klein. (Int. Library of Sociology and Social Reconstruction, London, Kegan Paul, 1946. Pp. xv and 228. Price 12s. 6d.)

This book is a revised edition of a London Ph.D. thesis. In a foreword, Karl Mannheim describes it as an experiment in his new pattern of 'Integrating Research'. The author explains the method in an Introduction. She begins with a short account of the changes in the position of women since the Industrial Revolution and follows this up with a series of chapters discussing the views arrived at by representatives of different approaches to the study of womanhood during this period. Biology is represented by Havelock Ellis, philosophy by Otto Weiniger, psycho-analysis by Sigmund Freud, experimental psychology by Helen Thompson, psychometric tests by Terman and Miles, history by the Vaertings, anthropology by Margaret Mead and sociology by W. I. Thomas. The last chapter is devoted to 'Summary and Conclusions'. There is an Appendix illustrating the changes in subjective attitude towards femininity as depicted in a three-generation novel and the book closes with a full, though not exhaustive, Bibliography, an Index of Names and a Subject Index.

The aim of the book is to clarify the conception of femininity by examining it in a number of different 'perspectives'. The author is far too intelligent to attempt any premature or would-be final definition of feminine character and the gist of her conclusions may be given in her own words: 'The impression one gains from this variety of descriptions is definite only on one point: namely,

the existence of a concept of femininity as the embodiment of certain distinctive psychological traits. What, however, is considered essential to this concept depends to a large extent on personal bias and valuations, and on the social-historical vantage-point of the observer' (168). 'Although the present time is a period of transition and the effects of tradition are still very strong, it is already becoming clear that the more of the formerly masculine functions women fulfil the more of those traits previously thought "masculine" they generally develop. It therefore becomes more and more obvious that those traits are not the effect of innate sex characters but of the social rôle and are changing with it '(170). 'We do not believe that, when these and many other approaches to the problem of the "feminine character" have been exhausted, femininity will, like a phantom, dissolve into nothing. On the contrary, the residue of typically feminine traits, connected with woman's specific constitution, which is likely to remain after all is said and done about social conditioning, will have more substance and a greater scientific validity' (182).

The discussion of Freud's work is appreciative in general but critical in particular. The author considers that psycho-analysis has probably influenced the outlook of the present generation more than any other single theory, but finds it ironical that this enlightening influence should be tinged with Victorian ideology concerning womanhood. She does not doubt the validity of Freud's observations on 'penis envy', etc., in his women patients, but she thinks that the adverse effects on feminine character of the lack of a penis are the result of social rather than of anatomical destiny. In other words, she concludes that Freud's own subjective attitude to woman and the characters of his female patients were largely conditioned by the mid-European cultural milieu with its tradition of feminine inferiority to a masculine norm. She does not appear to have noticed the unusual hesitancy often displayed by Freud in writing about feminine psychology, but she mentions the lack of unanimity amongst analysts about this subject. She omits any reference to the work of Melanie Klein. Karen Horney's theory of the 'indisputable superiority' of woman as mother appears to the author as a competitive inversion of Freud's views. However, she writes with approval of the emergence, mainly in the United States, of 'a new type of psycho-analyst who, while preserving the fundamental achievements of the Freudian school, became increasingly cultureconscious and inclined to a more sociological orientation' (88). The ultimate integration of psychological with sociological thinking is greatly to be desired, but many psycho-analysts are of opinion that the new American 'school' does not adequately preserve the achievements of Freud but is altogether too ready to throw away basic

working-hypotheses of proven value, e.g. to discard instinct theory in favour of cultural theory. What is needed is not the substitution of one theory for the other, but concerted effort to arrive at a properly balanced theory of personality determinants.

Personality is the resultant of the individual's life-experience, i.e. of the adaptive relationships achieved between instinct and environment. The modification of instinct which becomes apparent to the observer as a character-trait is a realization of innate potentialities selected or conditioned by actual circumstances. A human life-story is never a history only of psychological motivation, nor only of environmental pressure: it is always a history of co-determination, of psycho-social interdependence and interaction. There is still much to learn about all the agencies which contribute to character formation. While many psycho-analysts would agree with the author that cultural tradition probably supported the masculine bias of Freud's theory of femininity, the fact remains that psychoanalysis is a profession in which women are free from adverse sex discrimination.

Marjorie Brierley.

Child Treatment and the Therapy of Play. By Lydia Jackson and Kathleen M. Todd. (Methuen & Co. Ltd., 1946. Pp. 115. Price 8s. 6d.)

Child Treatment and the Therapy of Play is largely a description of what takes place at a Child Guidance Clinic and why. Incidentally it dispels some of the commoner misconceptions about the attitude of the psychotherapist towards problems of discipline.

The first four chapters of the book seem to be written for a wide public—the average parent or teacher—as a plea for greater understanding of the

child, his needs and his play.

Much of what follows would make suitable reading for those who already have some knowledge of the subject (as the use of the word 'catharsis' and reference, in passing, to Kretchmer's schizoid and pyknic types suggest) or for those wishing to train as child therapists. This apparent diversity of aim leaves a somewhat bewildering impression; nevertheless this book makes a useful bridge between the ordinary life of the home and what may sometimes be thought of as the 'mysteries' of the treatment room.

Helen Sheehan-Dare.

Recent Advances in Psychiatry. (Journal of Mental Science, 1944, Vol. XC, No. 378. P. 509.)

This is the first review of the previous few years psychiatric literature published by the *Journal of Mental Science*. It is divided into twenty-seven chapters and thirty-two abstractors contributed. The chapters which will interest psycho-analysts most are: 'Psychopathology', by S. M. Coleman

(38 pages); 'Psychoneurosis', by W. H. Gillespie (18 pages); 'Psychotherapy', by H. Crichton Miller and Grace H. Nicolle (7 pages); and 'Child Psychiatry', by E. M. Creak and B. J. Shorting

(67 pages).

This is a valuable contribution and will be of considerable use for many years. Nevertheless, with the advent of new journals of abstracts its repetition is unlikely to be necessary. No English journal is in a better position than the Journal of Mental Science to sponsor reviews in the psychiatric field along the line of, for example, Physiological Reviews. Psychiatrists will look forward to further experiments sponsored by the Editors of the Journal of Mental Science designed to give critical help through the maze of psychiatric literature.

W. Clifford M. Scott.

Rebel without a Cause: The Hypno-analysis of a Criminal Psychopath. By R. M. Linder. (Research Books Limited, London, 1945. Pp. 259.)

In the first few pages the author discusses various psychiatric attitudes to psychopathic personality and concludes 'Psychopathy is more widely spread today than ever before in the history of our civilization . . . it is assuming more and more the proportions of a plague . . . it is today ravishing the world with far greater ill-effects than the most malignant of organic diseases . . . it represents a terrible force whose destructive potentialities are criminally under-estimated.'

In the second chapter he describes 'hypnoanalysis'. During the first fortnight the patient is seen daily and taught hypnosis. During this period the complaint is not discussed. The need to master a special technique is stressed. Later, psycho-analysis is begun but when resistance, which does not originate in the transference, arises the patient is hypnotized and the last few associations of the previous interview are given and further associations are requested. At the end of the hypnotic period post-hypnotic amnesia is suggested. In the next interview the last few associations of the last analytic interview are given and free association continues. The author states that it is constantly found that the patient repeats, with amnesia for the hypnotic period, the memories spoken of during the hypnotic state if these have been true memories and not screen memories.

The author considers that this use of hypnosis effectively counters previous objections to hypnosis which dealt with the fact that the total personalities rarely, if ever, participated in disclosures made under hypnosis. The author considers that in analysis, apart from utilising the transference to assure acceptance and comprehension of interpretations, no means are available to produce improvement. Using hypnosis, on the other hand, prepotent hypnotic suggestions to enforce comprehension and acceptance of those necessary but novel

ways of regarding the past, new attitudes, ambitions, and behaviour is possible.

Most of the book is taken up by forty-five interviews recorded verbatim, except for short omissions of material given by the patient which it was considered were unimportant repetitions. The patient was a young man of average intelligence and good physique who had had nystagmus, strabismus and ptosis since childhood and had been considered by many psychiatrists to be a psychopathic personality. He had served several terms of imprisonment for theft before the term during which treatment took place.

In the first three sessions he described obsessional traits. In the seventh, he began to show positive transference and told a dream. Much external material and little description of affect was given. In the eighth, the analyst made his first remarks. In the eleventh, the analyst suggested that content might be symbolical. In the fourteenth, more obsessional material was given. In the nineteenth, he described a dream of fellatio wishes and described his conflicts regarding a fellow prisoner who desired such a relationship with him. In the twenty-third, he discussed his preoccupation with ideas regarding female castration and began to remember primal scene episodes heard from the next room. At the twenty-seventh, analysis was stopped for one week owing to resistance and to test the patient's desire to continue. In the thirty-second, he described a dream of fellatio by his father and remembered his head 'singing' following his father hitting him on the ear. Hypnosis was begun in the thirty-third. He described seeing the primal scene. In the thirty-fourth, he repeated the memory of the primal scene described previously under hypnosis and he confessed to having killed a man at eighteen. In the thirty-fifth, he reported that his eye symptoms had improved. In the thirty-sixth, he reported further improvement of vision and under hypnosis again described the primal scene. In the thirty-seventh, he described two suicidal episodes. In the thirty-eighth, he ventilated wishes to murder his father. In the last few interviews, the analyst summed up the total situation and made many positive suggestions concerning possible lines of future development.

The memory of his attitude towards his mother before the Œdipus situation had set in began to emerge under hypnosis but was not dealt with further. His general attitude and ocular symptoms improved greatly. It was discovered by external evidence that the man he believed he had murdered still lived.

This unique factual report of a new type of experiment in psychotherapy should interest all analysts even though many will be surprised at the rarity of, and the types of, interpretation given.

W. Clifford M. Scott.

Psychopathologie de L'Echec. By Dr. R. Laforgue. (Payot, Paris, 1944. Pp. 250. Price frs. 75.)

This volume possesses the historic interest of being the first sign of life received from the psychoanalytical world on the Continent since the war, it having arrived in December 1944. It was a welcome indication that scientific research in our field has been possible there in spite of the deplorable conditions.

Essentially the book is a second edition of Dr. Laforgue's important and familiar *Psychopathologie de l'Echec*, published in 1937, the main thesis of which is also well known to English-speaking readers through the translation of the author's *The Failure of Beaudelaire*, Library of Psycho-Analysis, 1932.

The last chapter of the previous edition has been omitted, and instead we have a long one on Napoleon. According to private information Dr. Laforgue had written one on Hitler, which would doubtless have been more interesting, but he considered it tactful during the occupation to substitute the more harmless study of Napoleon. We note in this an absence of reference to Jekel's penetrating study of him, probably because of inaccessibility to libraries at that time. Dr. Laforgue paints a decidedly romantic picture of Napoleon as the most representative man of the French Revolution—contrary to the present view of him as a counter-revolutionary-and as the saviour of a crumbling France. He attributes the paranoid reactions displayed particularly at St. Helena to the various traumatic incidents attending his birth and early infancy when his mother was being harried in the mountains and had to transfer her babe to wet nurses.

The book, written in Dr. Laforgue's vivid French, will be a welcome addition to psychoanalytical literature.

E. J.

PUBLICATIONS RECEIVED

[Appearance in this list does not preclude subsequent notice.]

A. BOOKS

Recreation and the Total Personality. By Everett (New York: Association Press. Pp. x + 200. Price \$3.00.)

Modern Clinical Psychology. By T. W. Richards. (New York: McGraw-Hill Book Co. Inc.

Pp. xii + 332. Price 17s. 6d.)

Description and Measurement of Personality. By Raymond B. Cattell. (New York: World Book Co. Pp. xx + 602. Price, \$4.00.)

Personal Adjustment. By Knight Dunlap. (London: McGraw-Hill Book Co. Ltd. Pp. xii +

446. Price, 20s.)

Alfred Adler. Apostle of Freedom. By Phyllis (London: Faber & Faber Ltd. Bottome. Pp. 280. Price, 12s. 6d.)

The Psycho-Analytical Treatment of Children. By Anna Freud. (London: Imago Publishing Co. Pp. vi + 98. Price, 10s. 6d.)

The Master Hand. By Adam Blau. (New York: American Orthopsychiatric Assoc. Inc. Pp. xiv + 206.)

Deep Analysis. By Charles Berg. George Allen & Unwin Ltd. 1946. Pp. 262. Price, 12s. 6d.)

Population, Psychology and Peace. By J. C. Flugel, with Introduction by C. E. M. Joad. (London: C. A. Watts & Co. Ltd. Pp. xvi + 140. Price, 2s. 6d.)

Noçoes Gerais de Higiene Mental da Criança. By Durval Marcondes and others. (Sao Paulo:

Livraria Martins Editora. Pp. 186.)

Our Inner Conflicts—a constructive theory of neurosis. By Karen Horney. (London: Kegan, Paul, Trench, Trubner & Co. Pp. 250. Price, 7s. 6d.)

The Anatomy of Lango Religion and Groups. By T. T. S. Hagley. (London: Cambridge Univ. Press. 1947. Pp. xii + 206. Price, 21s.)

Ego, Hunger and Aggression—a revision of Freud's theory and method. (London: George Allen & Unwin. Pp. 274. Price, 12s. 6d.)

B. PERIODICALS

American Practitioner (Philadelphia). Archives of Neurology and Biology (Chicago). Archives of Neurology and Psychology (Chicago). Birmingham Medical Record (Birmingham). Bulletin of the Menninger Clinic (Topeka). Egyptian Journal of Psychology (Cairo). Indian Journal of Psychology (Calcutta). Journal of Clinical Psychopathology (New York). Journal of Clinical Psychopathology and Psychotherapy (New York).

Journal of Mental and Nervous Diseases (New

York).

Man (London). Medical Record (New York). Psychiatry (Washington, D.C.). Psychoanalytic Quarterly (New York). Psychoanalytic Review (New York). Psychological Abstracts (New York). Revista de Neuropsichiatria (Lima).

OBITUARY

HANNS SACHS

Dr. Hanns Sachs was born on January 10, 1881, and died on January 10, 1947, on his sixty-sixth birthday. An almost chronic invalid from lung trouble, he had been in very poor health for several months, but the end came suddenly.

After graduating from the University of Vienna in 1904 he entered the legal profession, which he practised—without much enthusiasm—until 1918. His real interest at that time was in literature, particularly in its psychological aspects. Stimulated by reading Die Traumdeutung he began to attend Freud's lectures. In his book on Freud he says this was in 1904, but his memory was demonstrably faulty at the time he wrote it and it may be doubted if the date was as early as this. At all events he was not present at the Salzburg Congress in 1908 and it was not until 1910 that he presented himself personally to Freud, bringing with him a little volume he had just published containing translations, incidentally most excellent ones, of Kipling's soldier ballads. In the following year, 1911, he published one of his many contributions to psycho-analysis. In the year after that he became a member of the small group around Freud which he describes in his chapter 'The Seven Rings'; the present writer is the only survivor of this group.

Dr. Sachs was not a voluminous writer, but he never wrote anything that did not have serious value. His writings, listed in the psycho-analytical literature, belong to the best known and most treasured in that corpus. A few of them may be recalled to memory. An early one Uber Naturgefühl clarified the interesting contrasts between the antique and the modern attitude towards nature, the former investing it with personality, the latter with various human affects. Perhaps his most characteristic contributions were in the field of æsthetics. There he made psycho-analytic studies of various writers, notably Schiller, OBITUARY 169

Schnitzler, Shakespeare, Spitteler and Strindberg. Besides this, however, he made many more general contributions on the nature of art and the personality of the artist. In 1913 he published together with Otto Rank Die Bedeutung der Psycho-Analyse für die Geisteswissenschaften, an epochmaking book which was the practical beginning of 'applied analysis'. In 1912, again together with Rank, he ushered Imago into the world with the purpose of developing these aspects of psychoanalysis, and acted as the co-editor for some twenty years. He was distressed at its discontinuance after Hitler's march into Vienna and at the end of 1940 attempted to replace it by the American Imago. To this laudable undertaking we owe a number of extremely important essays. but unfortunately considerations of health and of finance brought it to a premature end. In 1920 an important essay Gemeinsame Tagträume laid the foundation for the study of contagious psychoses, and in 1922 appeared the well-known and fascinating study of Shakespeare's Tempest. In 1927 in the animated conversations that raged at that time on the subject of lay analysis Dr. Sachs' contribution to them should be noted, because it is probably the best defence of lay analysis, besides Freud's own, among them.

Dr. Sachs published the following books in addition to the two already mentioned. In 1920 he wrote Ars amandi psychoanalytica, an amusing and instructive treatise. In 1922 came a small volume entitled Die Elemente der Psycho-Analyse. In 1930 the book on Caligula appeared, a gruesome but penetrating study on the connexion between narcissism and sadism. In the same year appeared a brochure, writen in English and published in Switzerland, with the curious title 'Does Capital Punishment Exist ? 'a study in which his psychological and legal training came to combined expression. 1936 saw the volume entitled Zur Menschenen ntnis, conaining a store of worldly wisdom. In 1942 we were given what many of us regard as the best thing Sachs ever wrote: The Creative Unconscious. This is a volume of permanent value to the student of the psychology of art, and it may be doubted if in its depth and insight it has its equal in the psycho-analytical literature in this field. Sachs' last book, and presumably the last thing he ever wrote, Freud, Master and Friend, appeared in 1944. Though not a comprehensive study, this book is a valuable contribution to our knowledge of Freud's personality.

Hanns Sachs had a very unusual personality, and his career was also unusual. In 1918, like so many Viennese at that time, he had an acute attack of tuberculosis and amidst many difficulties encompassed a journey to Switzerland as the only hope of saving his life. He made there a good recovery, though unfortunately not a permanent one, and, in Zurich, began to practise psycho-

analysis despite some protests on the part of some medical colleagues. He and Rank, who began at the same time in Vienna, were, I think, the first lay analysts. Three or four years later he migrated to Berlin where he became one of the leading training analysts. Among his distinguished pupils may be mentioned the names of Drs. Alexander Lampl and Payne, Miss Sharpe and Miss Low. He was the first to perceive the Nazi danger to his people and forestalled it by emigrating to America in 1932. He settled in Boston, where he was well received, and lived there a rather retired life. He was gratified at being invited to lecture at Harvard University, but took little part in the regular activities of the Boston Society.

I may be permitted to say something personal of a close friend of more than thirty-seven years' standing, one who rendered me many services, including the memorable one of introducing me to my future wife and functioning at our wedding. Together with his wife, an attractive and highly cultured lady the dissolution of his marriage after only a few years I never ceased to regret, he translated two of my books in the distant years before the first World War. Hanns Sachs was a delightful companion with the keenest imaginable sense of humour and a sparkling wit. His mind was richly stored with the wise lore of Jewish proverbs and anecdotes. He was a completely loyal and tender friend. He had a profound admiration for Professor Freud, but a perceptive not a blind admiration.

A considerable narcissism formed an unmistakable feature of Sachs' personality, though it was expressed in amusing rather than disturbing ways. For instance, every place where he lived became the most desirable in the world, so that it was strange that people should live elsewhere: Vienna, Zurich, Berlin and Boston acquired in turn this distinction. Perhaps it was this quality together with his dislike of acrimony that led him to keep aloof from the administrative and 'political' activities of psycho-analytical societies and congresses. He mentioned in his book Freud's coolness towards him, and I think this was the reason for it. To Freud duty, responsibility, obligation and devotion were invaluable qualities; Sachs excelled in only the last of these, and even there not in the active fashion that Freud would have approved.

Hanns Sachs was a lovable and valuable man. In spite of grave obstacles and disabilities he lived a full life and expressed what was in him in ways that have earned our admiration and gratitude.

Ernest Jones.

RUDOLF A. FUERST

August 17, 1898-November 28, 1946

Words, of course, are inadequate as a means of expressing fully our emotions at this time. How-

170 OBITUARY

ever, through words we may be able to share more consciously many of our common feelings over the loss of one whom we all have come to hold in deep affection and esteem.

We have all known the sincere and genuine kindness of Rudolf Fuerst's generous personality, his loyalty to friends, and to his adopted country.

His devotion to his life's work was founded upon a deeply humanistic attitude toward life, dedicated to the search for understanding of the human heart, and ever eager to assist others in removing obstacles to their natural capacity for love.

Those who came in contact with him, whether they were in health or in illness, soon realized that he was concerned with more than giving comfort. He was always striving to release the inner strength and creative energies in people. His vision was focussed principally upon the processes of life and growth. Whenever it was possible he would assist those processes by a modest effort to free them from the various tyrannies imposed upon them by man's own limitations.

All of his colleagues were well aware of his skill as a physician. His earnest devotion to science and research will serve as an inspiration to those who will continue to carry forward the search for truth in human nature.

Others may find encouragement in his abiding faith in the constructive and creative forces in the universe.

Edwin R. Eisler.

BULLETIN OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

EDITED BY

ANNA FREUD, GENERAL SECRETARY

I. REPORTS RECEIVED FROM SOCIETIES AND INSTITUTES

VIENNA PSYCHO-ANALYTICAL SOCIETY (WIENER PSYCHOANALYTISCHE VEREINIGUNG)

Rathausstrasse 20/I., Vienna I

The following report has been received from the Vienna Psycho-Analytical Society which, after the liberation of Austria from the Nazi régime, was re-established and has resumed organized work.

The Society is in contact with official and unofficial bodies concerned with vocational guidance, child guidance, education, juvenile courts, social work, universities, etc. The Vienna Institute of Psycho-Analysis is again officially undertaking the training of psycho-analysts, the maintenance of a Clinic, the organization of scientific publications and Child Guidance work.

Officers of the Society: Mr. August Aichhorn (President), Dr. Solms (General Secretary).

Officers of the Institute: Dr. Fleischmann (Chairman), Dr. Jokl (Training Secretary and Director of the Clinic), Mr. Aichhorn (Secretary for Child Guidance), Dr. v. Winterstein (Scientific Secretary), Mr. Hollitscher (Ass. Scientific Secretary).

Training Committee: Dr. Jokl, Mr. Aichhorn, Dr. Fleischmann.

Lectures and Seminars, 1947: Dr. Jokl: Introduction into the Theory of the Neuroses.—Dr. Fleischmann: Technical Seminar.

Public Lectures: A series of 10 lectures 'Introduction to Psycho-Analysis' was given on the premises of the Institute during June and July, 1946. The course was held for four sections, total attendance: 168.

Lecturers: Mr. Aichhorn (for students with some theoretical knowledge); Dozent Dr. Bolterauer (for the lay public); Mr. Hollitscher, Ph.D. (for post-graduates); Dr. Scharmann (for University students).

A second series of 10 lectures, continuing the first, was held in October, 1946, for two groups, the lecturers being Mr. Aichhorn and Dr. Fleischmann.

A third series was begun in February, 1947.

In November, 1946, a course for 20 kindergarten workers was organized 'Introductory Course to Psycho-Analysis, Part I', which, in February, 1947, was followed by Part II. Lecturer: Dr. Aufreiter.

A course of lectures given by Mr. Aichhorn in Autumn, 1945, for the Child Guidance workers of the Vienna County Council's Juvenile Department and the Vocational Guidance workers of the Vienna Employment Exchanges, developed into a Seminar for Child Guidance held fortnightly (2–3 hours). Attendance and interest are excellent.

Two lectures were given by Mr. Aichhorn to Women Social Workers of the Vienna Police Force. These were accepted with such enthusiasm that the 28 Women Social Workers together with their Chief of Department now attend a seminar.

Lectures were given by Mr. Aichhorn at various Workers' Evening Classes on 'Freud's Psycho-Analysis' and 'Prophylaxis of Juvenile Delinquency', one lecture on 'The Juvenile Delinquent' in the seminar for Social Workers and Youth Club Leaders of the Institute of Science and Arts in Vienna. As a further development, a two-years' thorough training course of 20 educational workers of 'Jugend am Werk', an institution of the Vienna County Council, was organized under Mr. Aichhorn's

direction. This course to be incorporated in the training curriculum of the Vienna Academy for Social Work and will comprise weekly lectures on 'Psycho-Analytic Education' and 'Child Guidance' as well as weekly attendance at Mr. Aichhorn's Child Guidance sessions and an 'Introduction into the Theory of Psycho-Analysis'. This course will begin in Summer, 1947.

Practical Child Guidance sessions are held by Mr.

Aichhorn weekly.

BRITISH INSTITUTE OF PSYCHO-ANALYSIS 96 Gloucester Place, W.1

The Clinical Prize Essay for the year 1947 has been awarded to Dr. Melitta Sperling, 115 Eastern Parkway, Brooklyn 17, N.Y.

ITALIAN PSYCHO-ANALYTICAL SOCIETY (SOCIETA PSICOANALITICA ITALIANA)

200, Via Nazionale, Rome

The Italian Psycho-Analytical Society was reestablished after the First Italian Psycho-Analytical Congress, which was held in Rome on October 22 and 23, 1946. The Society has been accorded tentative recognition by the Central Executive. Of former members of the Society were present: Princess A. Tomasi di Palma, Dr. R. Merloni, Professor C. Musatti, Dr. N. Perrotti, Professor E. Servadio. The following new members were elected: Dr. Joachim Flescher, Dr. Claudio Modigliani. Two candidates are under consideration for election to membership.

The quarterly review *Psicoanalisi*, edited by Dr. Flescher, has become the official organ of the

Society.

Election of Officers: It was decided to confer an Honorary Membership on Dr. Edoardo Weiss. Dr. Perrotti was elected President, Professor Musatti Vice-President, Dr. Modigliani Secretary.

C. Modigliani.

Report on the First Italian Congress of Psycho-Analysis. The opening session took place in the large demonstration room of the Rome University Medical Clinic and the full staff of University Professors and Lecturers as well as a large number of other scientists attended. Several members of the Government were present, and the President of the Italian Republic and the Prime Minister sent messages of greetings.

Dr. Perrotti, in his opening speech, stressed the great significance of the Congress. For the first time after a long uphill fight psycho-analysis was receiving full acknowledgment by politicians and scientists in official positions. This was a further proof of progress and of the repudiation of Fascist

ideas by the Italian nation.

Professor Servadio spoke at length about Professor Freud's life and work. His ringing appeal to old and young analysts and people interested in psycho-analysis to go on with the task outlined by Freud stirred the audience to prolonged cheers.

The following papers were read and discussed in the Rome University Neuro-psychiatric Clinic:— Dr. J. Flescher: 'Politics and Regression of

the Super-Ego.'

Professor C. Musatti: 'Constitutional Factors, Traumata and Abnormalities of Psychosexual Development in the Ætiology of the Neuroses.'

Dr. N. Perrotti: 'The Phobia of Communism as

a Symbol of Id-Irruption.'

A. Tomasi di Palma: 'Developments in Psycho-Analytic Diagnosis and Technique.'

Professor E. Servadio: 'The Œdipus Complex

Revised.'

Dr. C. Modigliani: 'Psycho-Analysis and Some Social Experiences.'

Dr. J. Flescher: 'Anxiety and Neurotic Disturbances of Sensibility and of the Body Scheme.'

Dr. R. Merloni: 'The Psycho-Analytical Concept of Punishment and the Psychology of the Judge.'

G. Fenoaltea: 'Psycho-Analysis and Moral Progress.'

Short papers :-

Professor L. Pardi: 'Animal Techniques of Domination and Possession.'

G. Granata: 'Notes on Dostoievski's Brothers Karamasov.'

Dr. C. Modigliani: 'A Case of Sexual Maladjustment.'

Dr. E. Fulchignoni: 'Psycho-Analytic Contributions to Æsthetics.'

E. Romoli: 'Psycho-Analysis and the Scout Movement.'

A. Riccio: 'Art and the Pleasure Principle.'

Several scientific societies had sent delegations to the Congress. A reception was given by the Italian Institute of Public Health. Professor E. Almeida of the Rio de Janeiro University tendered an official message of welcome from Brazil. Telegrams were sent to Miss Anna Freud, London, and to Dr. Edoardo Weiss, the former President of the Italian Psycho-Analytical Society, now at Chicago.

Italian Radio broadcast an interview with Dr. Perrotti and Professor Servadio on October 22, and a forty-minutes' discussion on psycho-analysis by Princess Tomasi di Palma, Dr. Flescher, Professor Maraldi, Dr. Perrotti and Professor Servadio was broadcast by Rome Radio on October 25.

E. Servadio.

New Formation

THE SOCIETY FOR THE STUDY OF PSYCHO-ANALYSIS IN PRAGUE

Jungmannova tř.č. 2, Prague II

Dr. Theodor Dosužkov, direct Member of the International Psycho - Analytical Association, reports the following activities in Prague during 1945-46.

Training. 3 physicians and 1 student of medicine are under analysis. Seminars were held on 'Psycho-Analysis and Psychotherapy' (a critical evaluation of psychotherapeutic methods from the psycho-analytical point of view). Attendance: 15

(11 medical, 4 lay).

Public Lectures, given by Dr. Dosužkov: 2 lectures were given at the 'Jack London Club' in Prague: (1) 'Foundations and Evolution of (2) 'On Phantasy.' Psycho-Analysis.' lectures will be published in the medical journal Praktický lékař (The General Practitioner). Under 'Questiones et Responsæ' of this journal the following questions sent in by practitioners were answered: (1) On Anxiety Dreams. (2) The Treatment of Enuresis Nocturna. (3) The Possible Consequences of a Mother Exposing herself Naked to her Child. (4) The Ætiology of Mental Diseases from the Psycho-Analytical Point of View. (5) The Psycho-Analytical Point of View on Enuresis of Children.

In October, 1945, a lecture was given by Dr. Dosužkov in the 'Purkyně Society for the Study of Nerves and Mind' (the only scientific society of this kind in Czechoslovakia) on 'The Problem of Psychoneurosis from the Point of View of Pavlov's Reflexology and Freud's Psycho-Analysis'; a second lecture on 'Some Considerations of a Case of Anxiety Hysteria' (pointing out the sexual ætiology) was given there in April, 1946.

Publications. Dr. Dosužkov: 'On the Mechanisms and Structure of Psychoneuroses' in Casopis českých lékařů (The Journal of Czech Physicians), and 'On the Necessity of Sexual Education in Mental Hygiene', an article in Praktický lékař (The General Practitioner). In this article reference was also made to conclusions of gynæcologists and urologists regarding the necessity for the physician to explain to his patients problems of sexual life, and examples were given to show that the cause of disturbances lies in infantile experience and that it is essential to give proper psychosexual education as a prophylactic measure.

Translations. Freud On Psycho-Analysis (5 lectures given at Worcester), and Anna Freud Introduction to the Technique of Child Analysis were translated by Dr. Dosužkov in collaboration with Mr. E. Wiškovský, Dr. M. Kučerá and Miss

Ledečová.

'The Society for the Study of Psycho-Analysis in Prague' was founded on August 3, 1946. Dr. Dosužkov was elected Chairman, Dr. Kučerá Secretary. The aim of the society is the spreading and development of the psycho-analytical movement in Czechoslovakia.

T. Dosužkov.

II. LIST OF MEMBERS OF THE INTER-NATIONAL PSYCHO-ANALYTICAL ASSOCIATION

AMERICAN PSYCHOANALYTIC ASSOCIATION

Officers 1947-49

William C. Menninger, M.D. (President). M. Ralph Kaufman, M.D. (Vice-President). George J. Mohr, M.D. (Secretary). May E. Romm, M.D. (Treasurer).

Affiliate Societies

Baltimore Psychoanalytic Society

Active Members

Anderson, Dr. A. Russell, 104 West Madison St. Baltimore 1, Md. (Vice-President).

Baker, Dr. Grace, 203 West Lanvale St., Baltimore 17, Md.

Barkoff, Dr. Samuel, 1504 Foucher St., New Orleans 15, La.

Chapman, Dr. Ross McClure, Sheppard and Enoch Pratt Hospital, Towson 4, Md.

Cushing, Dr. Jean G. N., 11 East Chase St., Baltimore 2, Md.

Hill, Dr. Lewis B., 10 West Madison St., Baltimore 1, Md. (*President*).

Loewald, Dr. Hans W., 11 East Chase St., Baltimore 7. Md.

Marburg, Dr. Rudolf O., Latrobe Apartments, Baltimore 2, Md.

McLaughlin, Dr. Francis J., Latrobe Apartments, Baltimore 2, Md.

Newell, Dr. H. Whitman, 901 East Belvedere Ave., Baltimore 12, Md. (Secretary).

Smith, Dr. Olive Cushing, 20 West Madison St., Baltimore 10, Md.

Taneyhill, Dr. G. Lane, 1316 Eutaw Place, Baltimore 17, Md.

Tower, Dr. Sarah S., 14 East Biddle St., Baltimore 2, Md. (*Treasurer*).

Wagner, Dr. Philip S., 1013 North Charles St., Baltimore 1, Md.

Boston Psychoanalytic Society

Honorary Members

Cobb, Dr. Stanley, Massachusetts General Hospital, Boston, Mass.

Zilboorg, Dr. Gregory, 885 Park Ave., New York 21, N.Y.

Active Members

Alexander, Dr. George H., Butler Hospital, Providence 6, R.I.

Anthonisen, Dr. Niels L., 20 Lindon St., Brattleboro, Vt.

Bandler, Dr. Bernard, 82 Marlborough St., Boston 16, Mass.

Berman, Dr. Leo, 464 Beacon St., Boston 15, Mass.

- Bibring, Dr. Edward, 82 Marlborough St., Boston 16, Mass.
- Bibring, Dr. Grete L., 1 Waterhouse St., Cambridge 38, Mass.
- Burr, Dr. Ruth, 56 Commonwealth Ave., Boston 16, Mass.
- Clothier, Dr. Florence, 161 South Huntington Ave., Boston 30, Mass.
- Dalrymple, Dr. Leolia A., 82 Marlborough St., Boston 16, Mass.
- Dawes, Dr. Lydia G., 49 Hawthorne St., Cambridge 38, Mass.
- d'Elseaux, Dr. Frank C., 37 Marlborough St., Boston 16, Mass. (*Treasurer*).
- Deming, Dr. Julia, 406 Marlborough St., Boston 15, Mass. (Vice-President).
- Deutsch, Dr. Felix, 82 Marlborough St., Boston 16, Mass.
- Deutsch, Dr. Helene, 44 Larchwood Drive, Cambridge 38, Mass.
- Finesinger, Dr. Jacob E., Massachusetts General Hospital, Boston 14, Mass.
- Gardner, Dr. George E., 3 Beacon St., Boston 8, Mass.
- Healy, Dr. William, 38 Beacon St., Boston 8, Mass.Hendrick, Dr. Ives, 205 Beacon St., Boston 16, Mass. (President).
- Hitschmann, Dr. Edward M., 51 Brattle St., Cambridge 38, Mass.
- Howard, Dr. Edgerton McC., Stockbridge, Mass. (Secretary).
- Howard, Dr. Paul M., McLean Hospital, Waverly 79, Mass.
- Jackson, Dr. Edith B., 789 Howard Ave., New Haven 4, Conn.
- Jessner, Dr. Lucie, 107 Garden St., Cambridge 38, Mass.
- Karpe, Dr. Richard, 801 Farmington Ave., West Hartford 7, Conn.
- Lindemann, Dr. Erich, Massachusetts General Hospital, Boston 14, Mass.
- Ludwig, Dr. Alfred O., 101 Bay State Rd., Boston 15, Mass.
- Michaels, Dr. Joseph J., 82 Marlborough St., Boston 16, Mass.
- Murray, Dr. Henry A., 125 East 72nd St., New York, N.Y.
- Murray, Dr. John M., 82 Marlborough St., Boston 16, Mass.
- Pavenstedt, Dr. Eleanor, 259 Beacon St., Boston 16, Mass.
- Putnam, Dr. Marian C., 244 Townsend St., Boston 26, Mass.
- Rank, Mrs. Beata, 8 Mercer Circle, Cambridge 28, Mass.
- Rochlin, Dr. Gregory, 82 Marlborough St., Boston 16, Mass.
- Rosenheim, Dr. Frederick, 38 Beacon St., Boston 8, Mass.
- Tartakoff, Dr. Helen H., 9 Concord Ave., Cambridge 38, Mass.

- Taylor, Dr. John H., 37 Marlborough St., Boston 16, Mass.
- Wilbur, Dr. George B., South Dennis, Mass.
- Young, Dr. David A., 509 Revenue Building Raleigh, N.C.
- Young, Robert A., Ed.D., 38 Beacon St., Boston 8, Mass.

Chicago Psychoanalytic Society

Honorary Members

Ross, Miss Helen, 43 East Ohio St., Chicago 11, Ill. Stern, Mr. Alfred K., 30 Rockefeller Plaza, New York 20, N.Y.

Active Members

- Alexander, Dr. Franz M., 43 East Ohio St., Chicago 11, Ill.
- Bacon, Dr. Catherine L., 43 East Ohio St., Chicago 11, Ill.
- Benedek, Dr Therese, 43 East Ohio St., Chicago 11, Ill.
- Blitzsten, Dr. N. Lionel, 20 East Cedar St., Chicago 11, Ill.
- Bollmeier, Dr. Ludolf N., 342 Central Ave., Hot Springs National Park, Ark.
- Brosin, Dr. Henry W., 950 East 59th St., Chicago 37, Ill.
- Carmichael, Dr. Hugh T., 30 North Michigan Ave., Chicago 2, Ill.
- Eisler, Dr. Edwin R., 43 East Ohio St., Chicago 11, Ill.
- Eissler, Dr. Kurt R., 5048 Woodlawn Ave., Chicago 15, Ill.
- Eissler, Dr. Ruth S., 43 East Ohio St., Chicago 11, Ill.
- Emch, Dr. Minna, 2708 Lake View Ave., Chicago 10, Ill.
- French, Dr. Thomas M., 43 East Ohio St., Chicago 11. Ill.
- Gerard, Dr. Margaret W., 5744 Harper Drive, Chicago 37, Ill.
- Gitelson, Dr. Maxwell, 55 East Washington St., Chicago 2, Ill. (Vice-President).
- Grinker, Dr. Roy R., 30 North Michigan Ave., Chicago 2, Ill. (Secretary-Treasurer).
- Hamill, Dr. Ralph C., 8 South Michigan Ave., Chicago 3, Ill.
- Johnson, Dr. Adelaide M., 5807 Dorchester Ave., Chicago 37, Ill.
- Kamm, Dr. Bernard A., 58 East Washington St., Chicago 2, Ill.
- Kramer, Dr. Paul, 30 West Washington St., Chicago 2, Ill.
- Lee, Dr. Harry B., Room 920, 43 East Ohio St., Chicago 11, Ill.
- Levine, Dr. Maurice, 984 Penox Place, Cincinnati 29, Ohio.
- Lippman, Dr. Hyman S., 279 Rice St., St. Paul 2,
- Masserman, Dr. Jules H., 104 South Michigan Ave., Chicago 3, Ill.

McLean, Dr. Helen Vincent, 43 East Ohio St., Chicago 11, Ill.

Meyer, Dr. Albrecht, 43 East Ohio St., Chicago 11,

Moellenhoff, Dr. Fritz, 43 East Ohio St., Chicago 11,

Mohr, Dr. George J., 43 East Ohio St., Chicago 11,

Slight, Dr. David, 25 East Washington St., Chicago 2, Ill.

Steinfeld, Dr. Julius I., The Forest Sanitarium, Des Plaines, Ill.

Sylvester, Dr. Emmy, 55 East Washington St., Chicago 2, Ill.

Tower, Dr. Lucia E., 43 East Ohio St., Chicago 11, Ill.

Weiss, Dr. Edoardo, 722 West Bittersweet Place, Chicago 13, Ill.

Wilson, Dr George W., 30 North Michigan Ave., Chicago 2, Ill. (President).

Associate Members

Benjamin, Dr. John, R.F.D. No. 2, Golden, Colorado.

Bosselman, Dr. Beulah C., 8 South Michigan Ave., Chicago, Ill.

Emery, Dr. E. Van Norman, 4668 Pershing Ave., St. Louis, Missouri.

Emery, Dr. Felice M., 4668 Pershing Ave., St. Louis, Missouri.

Fleming, Dr. Joan, 8 South Michigan Ave., Chicago,

Goldner, Dr. Elisabeth B., 5600 Blackstone, Chicago, Ill.

Hannett, Dr. Frances, 5490 South Shore Drive, Chicago, Ill.

Josselyn, Dr. Irene M., 43 East Ohio St., Chicago 11, Ill.

Leonard, Dr. Charles E., 1212 Medical Arts Bldg., Oklahoma City, Okla.

Piers, Dr. Gerhart, 30 North Michigan Ave. Chicago, Ill.

Rosenbaum, Dr. Milton L., Cincinnati General Hospital, Cincinnati, Ohio.

Shapiro, Dr. Louis B., 25 East Washington St., Chicago, Ill.

VanderVeer, Dr. Adrian H., 920 East 59th St., Chicago, Ill.

Non-Therapeutic Affiliate Members

Bettelheim, Bruno, Ph.D.

McMurry, Robert N., Ph.D.

Detroit Psychoanalytic Society

Honorary Member

Freud, Miss Anna, 20 Maresfield Gardens, London, N.W.3.

Active Members

August, Dr. Harry E., 5057 Woodward Ave., Detroit 2, Mich. (Secretary).

Bartemeier, Dr. Leo H., 8-259 General Motors Bldg., Detroit 2, Mich. (Vice-President).

Beckwitt, Dr. Morris C., 865 Fisher Bldg., Detroit 2, Mich.

Dorsey, Dr. John M., 1242 Maccabees Bldg., Detroit 2, Mich.

Finlayson, Dr. Alan D., 11015 Carnegie Ave., Cleveland 6, Ohio.

Froelicher, Dr. Emil L., Haven Sanitarium, Rochester, Mich.

Katan, Dr. Anna, 2721 Scarborough Road, Cleveland 6, Ohio.

Katan, Dr. Maurits, 2721 Scarborough Road, Cleveland 6, Ohio.

Leach, Dr. David, 865 Fisher Bldg., Detroit 2,

Moloney, Dr. J. Clark, 414 Arlington Drive, Birmingham, Mich.

Ratliff, Dr. Thomas A., 311 Pike St., Cincinnati 2,

Redl, Fritz, Ph.D., 17673 Manderson Drive, Detroit 3, Mich.

Reye, Dr. Henry A., 10 Peterboro St., Detroit 1,

Schwartz, Dr. Louis A., 3001 West Grand Blvd., Detroit 2, Mich.

Stanton, Dr. James M., 1001 Stroh Bldg., Detroit 26, Mich.

Sterba, Editha, Ph.D., 861 Whittier Blvd., Grosse Pointe Park, Detroit 30, Mich.

Sterba, Dr. Richard F., 861 Whittier Blvd., Grosse Pointe Park, Detroit 30, Mich. (President). Ulrich, Dr. Carl F., 1615 Hazel Drive, Cleveland 6,

Wolfe, Dr. Max O., 7-260 General Motors Bldg.,

Detroit 2, Mich. (Treasurer).

Associate Member

Van Riper, Dr. Steven L., 1059 Seminole, Detroit, Mich.

Los Angeles Psychoanalytic Society

Honorary Member

Deri, Mrs. Frances, 123 North Plymouth Blvd., Los Angeles, Calif.

Active Members

Briehl, Dr. Walter, 4759 Hollywood Blvd., Los Angeles, Calif.

Brunswick, Dr. David, 3875 Wilshire Blvd., Los Angeles 5, Calif.

Frumkes, Dr. George, 9200 Olympic Blvd., Beverly Hills, Calif.

Futterman, Dr. Samuel, 11343 Iowa Ave., Los Angeles 25, Calif.

Greenson, Dr. Ralph R., 3355 Wilshire Blvd., Los Angeles 5, Calif.

Grotjahn, Dr. Martin, 2701 Wilshire Blvd., Los Angeles 5, Calif.

Hacker, Dr. Frederick J., 247 South Beverly Drive, Beverly Hills, Calif.

Levy, Dr. Norman A., 416 North Bedford Drive, Beverly Hills, Calif.

Lewy, Dr. Ernst, 9629 Brighton Way, Beverly Hills, Calif.

Miller, Dr. Milton L., 337 South Beverly Drive, Beverly Hills, Calif.

Rahman, Dr. Lincoln, 643 South Wilton Place, Los Angeles 5, Calif.

Romm, Dr. May E., 9629 Brighton Way, Beverly Hills, Calif. (Vice-President).

Simmel, Dr. Ernst, 555 North Wilcox Ave., Los Angeles 4, Calif. (*President*).

Tidd, Dr. Charles W., 444 North Bedford Drive, Beverly Hills, Calif. (Secretary-Treasurer).

Van der Heide, Dr. Carel, 156 North Almont Drive, Los Angeles 36, Calif.

New York Psychoanalytic Society

Honorary Members

Federn, Dr. Paul, 239 Central Park West, New York, N.Y.

Jekels, Dr. Ludwig, 115 East 90th St., New York, N.Y.

Kris, Ernst, Ph.D., 135 Central Park West, New York 23, N.Y.

Meyer, Dr. Adolf, 4305 Rugby Road, Baltimore 10,

Oberholzer, Dr. Emil, 112 Park Avenue, New York 28, N.Y.

Roheim, Geza, Ph.D., 1 West 85th St., New York, N.Y.

Life Members

Ames, Dr. Thaddeus H., 1516 Scenic Ave., Berkeley 8, Calif.

Amsden, Dr. George S., Acworth, N.H.

Blumgart, Dr. Leonard, 152 West 57th St., New York 19, N.Y.

Brill, Dr. A. A., 88 Central Park West, New York 23, N.Y.

Glueck, Dr. Bernard, 35 East 76th St., New York 21, N.Y.

Hutchings, Dr. Richard H., 258 Genesee St., Utica 2, N.Y.

Kardiner, Dr. Abram, 1100 Park Ave., New York 28, N.Y.

Kenworthy, Dr. Marion E., 1035 Fifth Ave., New York 28, N.Y.

Levin, Dr. Hyman L., 550 Forest Ave., Buffalo 13, N.Y.

Oberndorf, Dr. C. P., 40 West 59th St., New York 19, N.Y.

Stern, Dr. Adolph, 57 West 57th St., New York 19, N.Y.

Active Members

Ackerman, Dr. Nathan W., 43 East 78th St., New York 21, N.Y. Agoston, Dr. Tibor, 35 East 84th St., New York 28, N.Y.

Ames, Dr. Thaddeus H., 1516 Scenic Ave., Berkeley 8, Calif.

Amsden, Dr. George S., Acworth, N.H.

Atkin, Dr. Samuel, 57 West 57th St., New York 19, N.Y.

Bak, Dr. Robert C., 111 East 61st St., New York 21, N.Y.

Bergler, Dr. Edmund, 251 Central Park West, New York 24, N.Y.

Berman, Dr. William, 204 Martine Ave., White Plains, N.Y.

Bernard, Dr. Viola W., 930 Fifth Ave., New York 21, N.Y.

Berner, Dr. Frank, 133 East 58th St., New York 22, N.Y.

Blanton, Dr. Smiley, 115 East 61st St., New York 21, N.Y.

Blau, Dr. Abram, 47 East 88th St., New York 28, N.Y.

Bluhm, Dr. Kilian K., 17 East 96th St., New York 28, N.Y.

Blumgart, Dr. Leonard, 152 West 57th St., New York 19, N.Y.

Bonnett, Dr. Sara A., 895 Park Ave., New York 21, N.Y.

Brill, Dr. A. A., 88 Central Park West, New York 23, N.Y.

Broadwin, Dr. I. T., 116 West 59th St., New York 19, N.Y.

Bunker, Dr. Henry A., 115 East 61st St., New York 21, N.Y. (Vice-President).

Bychowski, Dr. Gustav, 49 East 96th St., New York 28, N.Y.

Cohn, Dr. Franz S., 12 East 87th St., New York 28, N.Y.

Daniels, Dr. George E., 129 East 69th St., New York 21, N.Y.

Davison, Dr. Charles, 1155 Park Ave., New York 28, N.Y.

de Saussure, Dr. Raymond, 1140 Fifth Ave., New York 28, N.Y.

Dunbar, Dr. Flanders, 3 East 69th St., New York 21, N.Y.

Dunn, Dr. William H., 210 East 68th St., New York 21, N.Y.

Eidelberg, Dr. Ludwig, 25 East 86th St., New York 28, N.Y.

Eisenbud, Dr. Jule, 145 West 58th St., New York-19, N.Y.

Eisendorfer, Dr. Arnold, 104 East 40th St., New York 16, N.Y.

Feldman, Dr. Sandor S., 230 Dartmouth St., Rochester 7, N.Y.

Fliess, Dr. Robert, 137 East 38th St., New York 16, N.Y.

Frank, Dr. Richard L., 745 Fifth Ave., New York 22, N.Y.

Frankley-Gerstenberg, Dr. Greta, 350 Central Park West, New York 25, N.Y.

Fries, Dr. Margaret E., 21 West 86th St., New York 24, N.Y.

Frosch, Dr. John, 40 East 61st St., New York 21, N.Y.

Geleerd, Dr. Elisabeth R., 49 East 96th St., New York 28, N.Y.

Glauber, Dr. I. Peter, 829 Park Ave., New York 21, N.Y.

Glueck, Dr. Bernard, 35 East 76th St., New York 21, N.Y.

Goolker, Dr. P., 100 East 94th St., New York 28, N.Y.

Gesselin, Dr. Raymond, 983 Park Ave., New York 28, N.Y.

Greenacre, Dr. Phyllis, 970 Park Ave., New York 28, N.Y.

Gwin, Dr. Alva, 84 Willett St., Albany 6, N.Y.

Haigh, Dr. Susanna S., 21 East 79th St., New York 21, N.Y.

Hann-Kende, Dr. Fanny von, 65 Central Park West, New York 23, N.Y.

Hartmann, Dr. Heinz, 1150 Fifth Ave., New York 28, N.Y.

Hawkins, Dr. Mary O'Neil, 118 East 70th St., New York 21, N.Y.

Hayward, Dr. Emeline Place, 40 West 86th St., New York 24, N.Y. (Secretary).

Heksh, Dr. Bela H., 1035 Park Ave., New York 28,

Herold, Dr. Carl M., Saranac Lake, N.Y.

Hinsie, Dr. Leland E., 722 West 168th St., New York 32, N.Y.

Hutchings, Dr. Richard H., 258 Genesee St., Utica 2, N.Y.

Isakower, Dr. Otto, 7 West 96th St., New York 25, N.Y.

Jacobson, Dr. Edith, 50 West 96th St., New York 25, N.Y.

Kahr, Dr. Sidney, 25 East 86th St., New York 28, N.Y.

Kanzer, Dr. Mark, 114 East 65th St., New York 21, N.Y.

Kardiner, Dr. Abram, 1100 Park Ave., New York 28, N.Y.

Kaufman, Dr. M. Ralph, The Mount Sinai Hospital, 11 East 100 St., New York 29, N.Y.

Keiser, Dr. Sylvan, 941 Park Avenue, New York 28, N.Y.

Kenworthy, Dr. Marion E., 1035 Fifth Ave., New York 28, N.Y.

Kestenberg, Dr. Judith Silberpfennig, 114 West 86th St., New York 24, N.Y.

Klein, Dr. Emanuel, 47 East 88th St., New York 28, N.Y.

Klein, Dr. Sidney, 146 West 79th St., New York 24, N.Y.

Knopf, Dr. Olga, 210 East 68th St., New York 21, N.Y.

Kris, Dr Marianne, 135 Central Park West, New York 23, N.Y. Kronold, Dr. Edward, 17 East 96th St., New York 28, N.Y.

Kubie, Dr. Lawrence S., 7 East 81st St., New York 28, N.Y.

LaMar, Dr. Norvelle C., 149 East 73rd St., New York 21, N.Y.

Lehrman, Dr. Philip R., 25 Central Park West, New York 23, N.Y. (*President*).

Levin, Dr. Hyman L., 550 Forest Ave., Buffalo 13, N.Y.

Lewin, Dr. Bertram D., 32 East 64th St., New York 21, N.Y.

Liss, Dr. Edward, 130 East 39th St., New York 16, N.Y.

Loewenstein, Dr. Rudolph M., 49 East 96th St., New York 28, N.Y.

Lorand, Dr. Sandor, 40 West 59th St., New York 19, N.Y.

Loveland, Dr. Ruth, 140 East 54th St., New York 22, N.Y.

Lowenfeld, Dr. Henry, 168 West 86th St., New York 24, N.Y.

Lowenfeld, Dr. Yela, 168 West 86th St., New York 24, N.Y.

Mahler, Dr. Margaret S., 350 Central Park West, New York 25, N.Y.

Malcove, Dr. Lillian, 245 East 72nd St., New York 21, N.Y.

McCord, Dr. Clinton P.,54 Willett St., Albany 6, N.Y. Milch, Dr. Eugene C., 77 Washington Place, New York 11, N.Y.

Millett, Dr. John A. P., 11 East 68th St., New York 21, N.Y.

Mittelmann, Dr. Bela, 130 East 67th St., New York 21, N.Y.

Needles, Dr. William, 55 Park Ave., New York 16, N.Y.

Nunberg, Dr. Herman, 875 Park Ave., New York 21, N.Y.

Oberndorf, Dr. C. P., 40 West 59th St., New York 19, N.Y.

Orgel, Dr. Samuel Z., 667 Madison Ave., New York 21, N.Y.

Pappenheim, Dr. Else, 27 West 96th St., New York 25, N.Y.

Parker, Dr. Z. Rita, 115 East 61st St., New York 21, N.Y.

Pederson-Krag, Dr. Geraldine, 103 East 91st St., New York 28, N.Y.

Polatin, Dr. Phillip, 722 West 168th St., New York 32, N.Y.

Powers, Dr. Lillian Delger, 128 West 59th St., New York 19, N.Y.

Rachlin, Dr. Hyman L., 33 East 39th St., New York 16, N.Y.

Reich, Dr. Annie, 27 West 96th St., New York 25, N.Y.

Ribble, Dr. Margaret A., 59 West 12th St., New York 11, N.Y.

Ross, Dr. Nathaniel, 784 Park Ave., New York 21, N.Y.

Rothenberg, Dr. Simon, 175 Eastern Parkway, Brooklyn 17, N.Y.

Rothschild, Dr. Leonard, 240 Central Park South, New York 19, N.Y.

Sands, Dr. Irving J., 202 New York Ave., Brooklyn 16, N.Y.

Schatner, Dr. Marcus, 1133 Park Ave., New York 28, N.Y.

Schick, Dr. William, 49 East 96th St., New York 28, N.Y.

Selby, Dr. Nathaniel E., 133 East 58th St., New York 22, N.Y.

Shlionsky, Dr. Herman, 65 Church St., Montelair, N.J.

Shoenfeld, Dr. Dudley D., 116 West 59th St., New York 19, N.Y.

Silbermann, Dr. Isidor, 27 West 96th St., New York 25, N.Y.

Solley, Dr. John B., 139 East 66th St., New York 21, N.Y.

Sperling, Dr. Melitta, 115 Eastern Parkway, Brooklyn 17, N.Y.

Sperling, Dr. Otto E., 115 Eastern Parkway, Brooklyn 17, N.Y.

Spitz, Dr. René A., 1150 Fifth Ave., New York 28, N.Y.

Stern, Dr. Adolph, 57 West 57th St., New York 19, N.Y.

Stoloff, Dr. Emile Gordon, 16 East 77th St., New York 21, N.Y.

Stone, Dr. Leo, 993 Park Ave., New York 28, N.Y.

van Ophuijsen, Dr. J. H. W., 568 Park Ave., New York 21, N.Y.

Wall, Dr. James H., 121 Westchester Ave., White Plains, N.Y.

Warburg, Dr. Bettina, 130 East 67th St., New York 21, N.Y.

Weijl, Dr. Simon, 16 East 79th St., New York 21, N.Y.

Weil, Dr. Frederic S., 49 East 86th St., New York 28, N.Y.

Weinstock, Dr. Harry I., 745 Fifth Ave., New York 22, N.Y. (*Treasurer*).

Wiggers, Dr. Herbert A., 7 West 96th St., New York 25, N.Y.

Wittels, Dr. Fritz, 91 Central Park West, New York 23, N.Y.

Zilboorg, Dr. Gregory, 14 East 75th St., New York 21, N.Y.

Associate Members

Beres, Dr. David, 59 East 79th St., New York, N.Y. Blain, Dr. Daniel, 3126 Woodley Road, N.W. Washington, D.C.

Evans, Dr. B. Mildred, 130 East 67th St., New York, N.Y.

Fessler, Dr. Laci, 12 East 86th St., New York, N.Y. Friedman, Dr. Paul, 20 Fifth Ave., New York, N.Y. Friend, Dr. Maurice R., 1901 Avenue N., Brooklyn, N.Y.

Glaz, Dr. A. André, 49 East 96th St., New York, N.Y.
Hart, Dr. Henry Harper, 1150 Fifth Ave., New York, N.Y.

Katcher, Dr. Naomi, 22 West 77th St., New York, N.Y.

Klein, Dr. Henriette R., 131 East 92nd St., New York, N.Y.

Lander, Dr. Joseph, Mercantile Bldg., Cincinnati, Ohio.

Meyer, Dr. Bernard C., 1200 Fifth Avenue, New York, N.Y.

Miller, Dr. Joseph S. A., Rockland State Hospital, Orangeburg, N.Y.

Powers, Mrs. Margaret J., M.A., 853 Seventh Ave., Apt. 9D, New York, N.Y.

Wangh, Dr. Martin, 151 Central Park West, New York, N.Y.

Philadelphia Psychoanalytic Society

Active Members

Appel, Dr. Kenneth E., 111 North 49th St., Philadelphia 39, Penn.

Biddle, Dr. Sydney G., 255 South 17th St., Philadelphia 3, Penn.

Bookhammer, Dr. Robert S., 2031 Locust St., Philadelphia 3, Penn. (Secretary-Treasurer).

Brody, Dr. Morris W., 1930 Chestnut St., Philadelphia, Penn.

English, Dr. O. Spurgeon, 255 South 17th St., Philadelphia 3, Penn.

Katz, Dr. G. Henry, 111 North 49th St., Philadelphia 39, Penn.

Maeder, Dr. LeRoy M.A., Chancellor Hall, 206 South 13th St., Philadephia 7, Penn. (*President*).

Pearson, Dr. Gerald H. J., 111 North 49th St., Philadelphia 39, Penn.

Saul, Dr. Leon J., 255 South 17th St., Philadelphia 3, Penn.

Sloane, Dr. Paul, 259 South 19th St., Philadelphia 3, Penn.

Smeltz, Dr. George W., 121 University Place, Pittsburgh 13, Penn. (Vice-President).

Smith, Dr. Lauren H., 111 North 49th St., Philadelphia 39, Penn.

Waelder, Robert, Ph.D., 2100 Walnut St., Philadelphia 3, Penn.

Associate Member

Freed, Dr. Herbert, Medical Tower Bldg., Philadelphia, Penn.

Non-Therapeutic Affiliate Members

Abrams, Ray H., Ph.D. Blanchard, Phyllis, Ph.D. Weiss, Dr. Edward.

San Francisco Psychoanalytic Society

Honorary Member

Bernfeld, Siegfried, Ph.D., 2825 Pierce St., San Francisco, Calif.

Active Members

Barrett, Dr. William G., 240 Stockton St., San Francisco 8, Calif. (President).

Berliner, Dr. Bernhard, 120 Commonwealth Ave., San Francisco 18, Calif.

Erikson, Mr. Erik Homburger, 2235 Post St., San Francisco 15, Calif. (Vice-President).

Finley, Dr. Malcolm H., 490 Post St., San Francisco 2, Calif.

Gerö, Dr. George, 14 East 90th St., New York 28, N.Y.

Helgesson, Dr. Uno, 24 Ascot Court, Oakland, Calif. Hilgard, Dr. Josephine, 3700 California St., San Francisco 18, Calif.

Holmer, Dr. Paul, 450 Sutter St., San Francisco 8, Calif. (Secretary-Treasurer).

Macfarlane, Dr. Donald A., Hotel Claremont, Berkeley 5, Calif.

Orr, Dr. Douglass W., Northwest Clinic, 1116 Spring St., Seattle 4, Wash.

Pouppirt, Dr. Pearl S., 490 Post St., San Francisco 2, Calif.

Reider, Dr. Norman, Mount Zion Hospital, 220 Post St., San Francisco 15, Calif.

Somers, Dr. Melvin, 490 Post St., San Francisco 2, Calif.

Szurek, Dr. Stanislaus, 2235 Post St., San Francisco 15, Calif.

Tillman, Dr. Carl, 3611 Piedmont Ave., Oakland, Calif.

Windholz, Dr. Emanuel, 2235 Post St., San Francisco 15, Calif.

Associate Member

Newhouse, Dr. Robert M., 441 South Beverly Drive, Beverly Hills, Calif.

Non-Therapeutic Affiliate Member

Wolff, Dr. Ernst.

The Association for Psychoanalytic Medicine New York City

Honorary Member

Loewi, Dr. Otto, 155 East 93rd St., New York, N.Y.

Active Members

Ackerman, Dr. Nathan W., 43 East 78th St., New York 21, N.Y. (Secretary).

Bak, Dr. Robert C., 111 East 61st St., New York 21, N.Y.

Bernard, Dr. Viola W., 930 Fifth Ave., New York 21, N.Y. (*Treasurer*).

Binger, Dr. Carl A. L., 125 East 73rd St., New York 21, N.Y.

Daniels, Dr. George E., 129 East 69th St., New York 21, N.Y. (*President*).

Greenacre, Dr. Phyllis, 970 Park Ave., New York 28, N.Y.

Kardiner, Dr. Abram, 1100 Park Avenue, New York 28, N.Y.

Klein, Dr. Henriette R., 131 East 92nd St., New York 28, N.Y.

Kraft, Dr. Erich, 118 East 70th St., New York 21, N.Y.

LaMar, Dr. Norvelle C., 149 East 73rd St., New York 21, N.Y.

Levy, Dr. David M., 136 East 57th St., New York 22, N.Y.

Lewis, Dr. Nolan D. C., 722 West 168th St., New York 32, N.Y.

Masserman, Dr. Jules H., 104 South Michigan Ave., Chicago 3, Ill.

Milch, Dr. Eugene C., 77 Washington Place, New York 11, N.Y.

Millet, Dr. John A. P., 11 East 68th St., New York 21, N.Y. (Vice-President).

Mittelmann, Dr. Bela, 130 East 67th St., New York 21, N.Y.

Oberholzer, Dr. Emil, 1112 Park Ave., New York 28, N.Y.

Oberholzer, Dr. Maria, 1112 Park Ave., New York 28, N.Y.

Rado, Dr. Sandor, 50 East 78th St., New York 21, N.Y.

Stone, Dr. Leo, 993 Park Ave., New York 28, N.Y. Wall, Dr. James H., 121 Westchester Ave., White Plains, N.Y.

Affiliate Members

Blain, Dr. Daniel, 3126 Woodley Road, N.W., Washington, D.C.

Hoch, Dr. Paul.

Lipkin, Dr. Mack.

Richardson, Dr. Henry B.

Topeka Psychoanalytic Society

Active Members

Allen, Dr. Sylvia, 1010 Professional Bldg., Kansas City 6, Mo. (Vice-President).

Fabian, Dr. Michalina, The Menninger Clinic, 3617 West 6th Ave., Topeka, Kans.

Frank, Dr. Jan, The Menninger Clinic, 3617 West 6th Ave., Topeka, Kans.

Galbraith, Dr. Hugh M., 1803-5 First National Bldg., Oklahoma City 2, Okla. (Secretary-Treasurer).

Gill, Dr. Merton M., The Menninger Clinic, 3617 West 6th Ave., Topeka, Kans.

Gross, Dr. Alfred, The Menninger Clinic, 3617 West 6th Ave., Topeka, Kans.

Haenel, Dr. Joachim A., 1052 West 6th St., Los Angeles 14, Calif.

Harrington, Dr. G. Leonard, 110 Grand Ave., Kansas City 6, Mo. (President).

Knight, Dr. Robert P., The Menninger Clinic, 3617 West 6th Ave., Topeka, Kans.

Leach, Dr. E. Mary, The Menninger Clinic, 3617 West 6th Ave., Topeka, Kans.

Menninger, Dr. Karl A., The Menninger Clinic, 3617 West 6th Ave., Topeka, Kans.

Menninger, Dr. William C., The Menninger Clinic, 3617 West 6th Ave., Topeka, Kans.

Pious, Dr. William L., The Menninger Clinic, 3617 West 6th Ave., Topeka, Kans.

Robbins, Dr. Lewis L., The Menninger Clinic, 3617 West 6th Ave., Topeka, Kans.

Worthington, Dr. Robert L., The Menninger Clinic, 3617 West 6th Ave., Topeka, Kans.

Research Associate Members

Bergman, Paul, Ph.D., The Menninger Clinic, 3617 West 6th Ave., Topeka, Kans.

Brenman, Margaret, Ph.D., The Menninger Clinic, 3617 West 6th Ave., Topeka, Kans.

Rapaport, David, Ph.D.

Washington Psychoanalytic Society

Honorary Members

Brill, Dr. A. A., 88 Central Park West, New York 23, N.Y.

Meyer, Dr. Adolf, 4305 Rugby Road, Baltimore 10, Md.

Whitehorn, Dr. John C., Henry Phipps Psychiatric Clinic, Johns Hopkins Hospital, Baltimore, Md.

Active Members

Bruch, Dr. Hilde, 410 Central Park West, New York 25, N.Y.

Bullard, Dr. Dexter M., Chestnut Lodge Sanitarium, 500 West Montgomery Ave., Rockville, Md.

Buxton, Dr. Rex E., 1801 K St., N.W. Washington 6, D.C. (Secretary-Treasurer).

Chassell, Dr. Joseph O., Bennington College, Bennington, Vt.

Cohen, Dr. Mabel Blake, 3806 Livingston St., N.W. Washington 15, D.C.

Colomb, Dr. Anna C. Dannemann, 1421 Napoleon Ave., New Orleans 15, La.

Crowley, Dr. Ralph M., 229 East 79th St., New York 21, N.Y.

Docley, Dr. Lucile, 2440 16th St., N.W. Washington 9, D.C.

Dunn, Dr. Miriam F., 2032 Belmont Road, N.W. Washington 9, D.C.

Dyar, Dr. Edna G., 1726 Eye St., N.W. Washington 6, D.C.

Evans, Dr. Andrew B., 1835 Eye St., N.W. Washington 6, D.C.

Fromm-Reichmann, Dr. Frieda, Chestnut Lodge Sanitarium, 500 West Montgomery Ave., Rockville, Md.

Graven, Dr. Philip S., 2108 Bancroft Place, N.W. Washington 8, D.C.

Greig, Dr. Agnes B., 1726 Eye St., N.W. Washington 6, D.C.

Hadley, Dr. Ernest E., 1835 Eye St., N.W. Washington 6, D.C.

Halperin, Dr. Alexander, 1028 Connecticut Ave., N.W. Washington, D.C.

Jarvis, Dr. Marjorie, 100 Park St., Rockville, Md.

Lewis, Dr. Nolan D. C., 722 West 168th St., New York 32, N.Y.

Maskin, Dr. Meyer H., 1200 Fifth Ave., New York 29, N.Y.

Morse, Dr. Robert T., 3106 N. St., N.W. Washington 7, D.C.

Moulton, Dr. Ruth, 115 West 86th St., New York 24, N.Y.

Reede, Dr. Edward Hiram, 1029 Vermont Ave., N.W. Washington 5, D.C.

Rioch, Dr. Janet MacKenzie, 17 West 54th St., New York 19, N.Y.

Rosanes, Dr. Leopold, 27 West 96th St., New York 25, N.Y.

Silverberg, Dr. William V., 315 Central Park West, New York 25, N.Y.

Stanton, Dr. Alfred H., 4420 50th St., N.W. Washington 16, D.C.

Stoughton, Dr. Amanda L., 1129 Vermont Ave., N.W. Washington 5, D.C.

Stragnell, Dr. Gregory, 272 Old Short Hills Road, Millburn, N.J.

Sullivan, Dr. Harry Stack, 9003 Bradley Blvd., Bethesda 14, Md.

Thompson, Dr. Clara, 12 East 86th St., New York 28, N.Y.

Waelder-Hall, Dr. Jenny, 7001 Fairfax Road, Bethesda 14, Md.

Weigert, Dr. Edith, 12 Oxford St., Chevy Chase 15, Md.

Weininger, Dr. Benjamin I., 1028 Connecticut Ave., N.W. Washington 6, D.C. (*President*).

Whitman, Dr. Winifred Gray, 135 Hesketh St., Chevy Chase 15, Md.

Wilkin, Dr. Mabel G., 9 Poe Road, Bethesda 14, Md.

Argentine Psychoanalytic Association (Associación Psicoanalitica Argentina)

Members

Cárcamo, Dr. Celes Ernesto, Callao 1565, 6°P. Dt. B., Buenos Aires (*President*).

Ferrari Hardoy, Dr. Guillermo, Rodriguez Peña 518, Buenos Aires (*Treasurer*).

Garma, Dr. Angel, Santa Fe 911, 4°P., Buenos Aires.

Langer, Dr. Marie, Arenales 3583, 2°P. Dto. B., Buenos Aires.

Pichon Riviere, Dr. Enrique, Santa Fe 1379, 9°P., Buenos Aires (Secretary).

Rascovsky, Dr. Arnaldo, Suipacha 1368, Buenos Aires.

Rascovsky, Dr. Luis, Larrea 934, Buenos Aires.

Associate Members

Alvarez de Toledo, Dr. Luisa G. de, Bustamante 2420, Buenos Aires.

Tallaferro, Dr. Alberto, Avenida Quintana 202, Buenos Aires.

British Psycho-Analytical Society

Honorary Members

Brill, Dr. A. A., 88 Central Park West, New York City, N.Y.

Jones, Dr. Ernest, The Plat, Elsted, nr. Midhurst, Sussex (*Hon. President*).

Members

Balint, Dr. Michael, 37 Devonshire Place, W.1.Bowlby, Dr. John, Wyldes Close Corner, Wildwood Road, N.W.11 (*Training Secretary*).

Brierley, Dr. Marjorie, 1 Pearl Bldgs., Station Road,

Reading.

Burlingham, Mrs. Dorothy, 20 Maresfield Gdns., N.W.3.

Carroll, Dr. Dennis, 28 Weymouth St., W.1.
Fairbairn, Dr. W. R. D., 21 Grosvenor Cres., Edinburgh, 12.

Flugel, Prof. J. C., 20 Merton Rise, N.W.3. Foulkes, Dr. S. H., 58 Portland Place, W.1.

Franklin, Dr. Marjorie, 36 Carlton Hill, N.W.8. Freud, Miss Anna, 20 Maresfield Gdns., N.W.3.

Friedlander, Dr. Kate, 2 Harley House, Upper Harley St., N.W.1.

Gillespie, Dr. W. H., 5 Mansfield St., W.1 (Director of Clinic).

Grant Duff, Miss I. F., Gatehouse Hotel, Midhurst, Sussex.

Gross, Dr. Alfred, The Menninger Clinic, 3617 West 6th Ave., Topeka, Kans., U.S.A. (pending transfer).

Haas, Dr. Erich, 91 Harborne Road, Edgbaston,

Birmingham, 15.

Hardcastle, Dr. D. N., 48 Warwick Road, Bishop's Stortford, Herts.

Heimann, Dr. Paula, 32 Eamont Court, Eamont St., N.W.8.

Herford, Dr. E. B. M., 19 Redlands Rd., Reading. Hoffer, Mrs. Hedwig, 21 Grove End Rd., N.W.8. Hoffer, Dr. W., 21 Grove End Rd., N.W.8.

Isaacs, Mrs. Susan, 30A Primrose Hill Rd., N.W.3. Isakower, Dr. S., 7 West 96th St., New York City, U.S.A.

Klein, Mrs. Melanie, 42 Clifton Hill, N.W.8.

Kris, Dr. Ernst, 135 Central Park West, New York City, U.S.A.

Kris, Dr. Marianne, 135 Central Park West, New York City, U.S.A.

Lantos, Dr. Barbara, 100 Fellows Rd., N.W.3.Low, Miss Barbara, 24 Creswick Walk, Golders Green, N.W.11.

Lazar, Dr. Clara, 55 Denbigh Rd., Armadale, Melbourne, S.E.3.

Lewinsky, Mrs Hilde, 14 Queen's Court, Palatine Rd., Didsbury, Manchester.

Little, Dr. Margaret, 12 Allington Rd., Hendon, N.W.4.

Macdonald, Dr. R. A., 21 Devonshire Place, W.1. Matte Blanco, Dr. I., Bernarda Morin 440, Santiago, Chile. Matthew, Dr. David, 43 Hampstead Way, N.W.11. Milner, Mrs. Marion, 12 Provost Rd., N.W.3.

Money-Kyrle, Mr. R., 51 Queen's Gate Gdns., S.W.7.

Payne, Dr. Sylvia, C.B.E., 11 Devonshire Place, W.1 (President).

Rickman, Dr. John, 3 Melcombe Court, Dorset Sq., N.W.1 (Scientific Secretary).

Ries, Mrs. Hannah, 41 Oslo Court, Prince Albert Rd., N.W.8.

Riggall, Dr. R. M., Northumberland House, Green Lanes, Finsbury Park, N.

Riviere, Mrs. Joan, 4 Stanhope Terrace, W.2.

Rosenberg, Dr. Elizabeth, 38 Queen's Grove, N.W.8.

Rosenfeld, Mrs. Eva M., 103 Elm Tree Road Mansions, N.W.8.

Ruben, Mrs. Margarete, 13 Netherhall Gdns., N.W.3. ♣ Sachs, Dr. Wulf, P.O. Box 2906, Johannesburg, South Africa.

Schmideberg, Dr. Melitta, 199 Gloucester Place, N.W.1.

Schmideberg, Mr. Walter, 199 Gloucester Place, N.W.1.

Scott, Dr. W. C. M., 49 Queen's Gate Gdns., S.W.7. Sheehan-Dare, Miss Helen, 51 Queen Anne St., W.1. Stengel, Dr. Erwin, Crichton Royal, Dumfries, Scotland.

Stephen, Dr. Adrian, 1 Upper Harley St., N.W.1 (Editor of the International Journal of Psycho-Analysis).

Stephen, Dr. Karin, 1 Upper Harley St., N.W.1. Stoddart, Dr. W. H. B., 217 Bickenhall Mansions,

Strachey, Mrs. Alix, 41 Gordon Sq., W.C.1. Strachey, Mr. James, 41, Gordon Sq. W.C.1.

Tansley, Prof. A. G., Grantchester, Cambridge.

Thorner, Dr. H. A., 24 Welbeck St., W.1.

Usher, Dr. Ruth, 138 Bickenhall Mansions, W.1 (Business Secretary).

Weiss, Dr. Karl, 22 Melina Court, Melina Place, N.W.8.

Wilson, Dr. A. Cyril, 33 Harley St., W.1.

Winnicott, Dr. D. W., 47 Queen Anne St., W.1.

Witt, Dr. Gerhard, 5 East 10th St., New York City 3, U.S.A.

Wright, Dr. Maurice B., 60 Hanover Gate Mansions, Park Road, N.W.1.

Yates, Dr. S., Netherne Hospital, Coulsdon, Surrey.

Associate Members

Balint, Mrs. Edna, New Grove House, Hampstead Grove, N.W.3.

Barkas, Dr. Mary, Private Bag, Thames, New Zealand.

Bonnard, Dr. Augusta, 28 Harley St., W.1.

Brunner, Dr. M., 18 Bartha Miklos Ut, Cluj, Roumania.

Burke, Dr. Mark, 28 Harley St., W.1. Cooke, Miss Barbara, 42 Bassett Rd., W.10. A hois muro 23 Downing Count Culpin, Dr. M., 1 Queen Anne St., W.1. Debenham, Dr. G., 5 Frognal Close, N.W.3.

Eddison, Dr. H. W., Merafield House, Plympton, South Devon.

Evans, Miss Gwen M., 44 Acacia Rd., N.W.S.

Fleischer-Gerö, Mrs. Elisabeth, Apt. 8D, 55 West 55th St., New York, N.Y., US.A.

Frank, Dr. Klara, 61 Clare Court, Judd St., W.C.1. Frankl, Dr. Liselotte, 45 Frognal Court, 160 Finchley Rd., N.W.3.

Freud, Mr. Martin, c/o 20 Maresfield Gdns., N.W.3. Gomperts, Mr. C. D., 100 Fellows Rd., N.W.3.

Gostynski, Dr. Erich, "Romiley," 461 Bury New Rd., Kersal, Manchester 7.

Hellmann, Miss I., Flat E, 25 Belsize Park Gdns.,

Hopkins, Dr. Pryns, 1375s Oak Knoll Ave., Pasadena 5, Calif., U.S.A.

Hughes, Dr. Muriel, "Capesthorne," Wythenshaw Road, Northenden, Manchester.

Inman, Dr. W., 22 Clarendon Rd., Southsea, Hants. Lewis, Miss M. G., Apple Trees, Redbourn, St.

Lewis, Dr. J. Strafford, St. Bernard's Hospital, Southall, Middlesex.

Maas, Dr. Hilde, 31 Hanover Gate Mansions, Park Rd., N.W.1.

Mannheim, Mrs. Julia, 5 The Park, Golders Green, N.W.11.

Pailthorpe, Dr. G. W., 146 Harley St., W.1.

Penrose, Dr. L. S., 1 Rodborough Rd., N.W.11.

Pratt, Dr. John, 130 Harley St., W.1.

Rosenfeld, Dr. Herbert, 36 Woronzow Rd., N.W.S. Schwarz, Miss Elisabeth, 18 Farndon Rd., Oxford. Schwarz, Miss Hedwig, 21 Nottingham Place, W.1. Segal, Dr. Hannah, 8 Queen's Gate Place, S.W.7. Stross, Dr. Josefine, 62 Marlborough Place, N.W.8. Taylor, Dr. James M., 130 Harley St., W.1.

Thomas, Dr. Rees, Board of Control, 32 Rutland

Gate, Knightsbridge, S.W.7.

Warburg, Mrs. May, Flat 61, 49 Hallam St., W.1. Winn, Dr. R. C., 143 Macquarrie St., Sydney, New South Wales, Australia.

Winton, Prof. F. R., University College, Gower St.,

Wride, Dr. F. D., 67 Gordon Mansions, Torrington Place, W.C.1.

Dutch Psycho-Analytical Society

(Nederlandsche Vereeniging voor Psychoanalyse) Members

Bos, Dr. J. W., Julianalaan 70, Overveen.

Bouman, Prof. Dr. K. H., Jan Luykenstr. 24, Amsterdam Z.

de Busscher, Prof. Dr. Jacques, Prof. Guislainstr. 65, Gent, Belgium.

Coltof, Dr. F., Ieplaan 115, den Haag.

Le Coultre, Dr. R., Stadionkade 74, Amsterdam Z. van Emden, Dr. J., Sweelinckplein 49, den Haag. Endtz, Dr. A., Haagweg 369, Loosduinen, den Haag.

Feith, Dr. Rh., Stationsweg 4, den Haag (Treasurer). Frijling-Schreuder, Dr. E. (Mrs.), Nassaukade 88, Amsterdam W.

Groen-van Beverwijk, Dr. M. (Mrs)., Waldeck Pyrmontlaan 17, Amsterdam Z.

Hart de Ruyter, Dr. Th., Nieuwe Achtergr. 100, Amsterdam C.

Klevn-van Wylick, Dr. M. (Mrs.), Surinamestr. 27, den Haag.

Kroon, Dr. D. B., Vossiusstr. 29, Amsterdam Z. Lampl, Dr. H., Haringvlietstr. 39, Amsterdam Z. Lampl-de Groot, Dr. Jeanne (Mrs.), Haringvlietstr. 39, Amsterdam Z.

van der Leeuw, Dr. H. C., Bloemcamplaan 61, Wassenaar.

van der Leeuw, Dr. P. J., Rubensstr. 32 bv., Amsterdam Z.

de Levie, Dr. H., Burg. Meineszlaan 111 bv., Rotterdam.

Levy Suhl, Dr. M., Heerengracht 287, Amsterdam

Muller, Doc. Dr. F. P., Rijnsburgerweg 102, Leiden. Nieboer, Dr. P. (Miss), Gerrit v.d. Veenstr. 43, Amsterdam Z.

Oerlemans, Dr. A. C., Koningslaan 16, Amsterdam

Rümke, Prof. Dr. H. C., Mariahoek 4, Utrecht. van der Stadt-Baas, Mrs. B. C., Wassenaarscheweg 153, den Haag (Vice-President).

Stärcke, Dr. A., Dolderschweg 73, den Dolder.

van Steenbergen-van der Noordaa, Dr. M. (Mrs.), Olympiaplein 57 bv., Amsterdam Z.

van der Sterren, Dr. H. A., Koninginneweg 47, Amsterdam Z. (Secretary).

Tas, Dr. J., Joh. Vermeerstr. 51 bv., Amsterdam Z. Tibout, Dr. P. (Miss), Reinier Vinkeleskade 54, Amsterdam Z. (Member of Council).

Versteeg, Dr. H. G., Riouwstr. 162, den Haag. Versteeg-Solleveld, Dr. C. M. (Mrs.), Riouwstr. 162, den Haag.

van der Waals, Dr. H. G., Gerrit v.d. Veenstr. 81, Amsterdam Z. (President).

Wolter-Groen, Mrs. E., Churchilllaan 266, Amsterdam Z.

Associate Members

Hijman-de Pool, Mrs. A., Benoordenhoutseweg 227, den Haag.

Knap-Veeze, Dr. A. (Mrs.), Oude Hoogstr. 1 II, Amsterdam C.

van Meurs, Dr. A., Hogenhoucklaan 28, den Haag. Spanjaard, Dr. J., Pausdam 3, Utrecht.

Thomee, Dr. A. (Miss), Oranjeplein 9, Haarlem.

Vuyk, Dr. R. (Miss), Fr. van Mierisstr. 123, Amsterdam Z.

French Psycho-Analytical Society

(Socité Psychanalytique de Paris)

Honorary Members

Freud, Miss Anna, 20 Maresfield Gdns., London, N.W.3.

Jones, Dr. Ernest, The Plat, Elsted, nr. Midhurst, Sussex.

Members

Bonaparte, Mme. Marie, Princesse Georges de Grèce, 6 rue Adolphe Yvon, Paris XVI (*Vice-President*).

Borel, Dr. Adrien, 11 Quai aux Fleurs, Paris IV. Cénac, Dr. Michel, 4 rue de Babylone, Paris VII (*Treasurer*).

Codet, Dr. Odette, 10 rue de l'Odéon, Paris VI. Dolto, Dr. Françoise (ex Marette), 260 rue St. Jacques, Paris V.

Hesnard, Dr. Angelo, Littoral Fréderic Mistral, Toulon (Var).

Lacan, Dr. Jacques, 5 rue de Lille, Paris VII.

Laforgue, Dr. René, 62 bis, rue de la Tour, Paris XVI.

Lagache, Dr. Daniel, 3 allée de la Robertsau, Strasbourg (Haut-Rhin).

Leuba, Dr. John, 6 rue René Bazin, Paris XVI (*President*).

Nacht, Dr. Sacha, 50 rue du Docteur Blanche, Paris XVI (Member of Council).

Parcheminey, Dr. Georges, 171 avenue Victor Hugo, Paris XVI.

Reverchon-Jouve, Dr. Blanche, 28 rue Marbeuf, Paris VIII.

Schlumberger, Dr. Marc, 17 avenue Théophile Gautier, Paris XVI (Secretary).

Associate Members

Allende Navaro, Dr., 1944 Calle Moneda, Santiago de Chile.

Beltram, Prof. Dr., 1601 Echeveria, Buenos Aires, Argentine.

Berge, Dr. André, 110 avenue du Roule, Neuilly (Seine).

Berman, Mlle. Anne, 6 rue Adolphe Yvon, Paris XVI.

Boutonier, Dr. Juliette, 2 rue de la Montagne Ste. Genevieve, Paris V.

Bouvet, Dr. 17 rue Jean Mermoz, Paris VIII.

Breuer, Dr. Elsa, 3 bis Place St. Sulpice, Paris VI. Carcamo, Dr. M., Peru 1645-55, Buenos Aires, Argentine.

Chentrier, M. Théodore, 17 bis rue de Bretagne, Asnières (Seine).

Dugautiez, M. Maurice, 16 rue Charles Degroux, Brussels, Belgium.

Feibel, Mlle. Charlotte, U.S.A. (address unknown). Guex, Mlle. Germaine, 9 Florimont, Lausanne, Switzerland.

Hoesli, Dr. Henri, 90 rue du Bac, Paris VII.

Hoffmann, Mme. Hanna R., 1900 Anselroad, Cleveland, Ohio, U.S.A. Laforgue-Erickson, Mme. Paulette, 82 rue Lafontaine, Paris XVI.

Lebovici, Dr. Serge, 15 rue Campagne Première, Paris XIV.

Lechat, M. Fernand, 22 rue Armand Campenhout, Brussels, Belgium.

Mâle, Dr. Pierre, 6 rue de Bellechasse, Paris VII. Marette, Dr. Philippe, 11 rue de Bellechasse, Paris, VII.

Prince Pierre de Grèce, 6 rue Adolphe Yvon, Paris XVI.

Rieti, Dr. Ettore, Istituto Psichiatrico di Grugliasco Turin. Italy.

Shentoub, Aljamal, 8 rue du Louvre, Paris I.

Violet, Dr. Madeleine, 19 rue Monsieur, Paris VII.

German Psycho-Analytical Society

(Deutsche Psychoanalytische Gesellschaft)

Members

Achelis-Lehbert, Frau Elli, Siedlung Treuenhagen b. Göttingen, von Linsingen Str. 12.

Baumeyer, Dr. Franz, Dresden-A 24, Radetzkystr.

Boehm, Dr. Felix, Berlin-W 50, Kulmbacher Str. 3 (Vice-President).

Böhlendorf, Dr. Ina, Berlin-Dahlem, Dillenburgerstr. 1.

Cellarius, Frau Julie, Ph.D., Berlin-Wilmersdorf, Hohenzollerndamm 157.

Dräger, Frau Käte, Berlin-Charlottenburg 9, Gothaer Alle 5. H 97 bb 35

Fuhge, Dr. Gertrud, Berlin-NW 30, Motz Str. 60.Göbel, Frau Gertrud, Berlin-NW 87, Kaiserin Augusta-Allee 97a, bei Ruyder.

Gundert, Dr. Hermann, Stuttgart W, Reinsburger Str. 4/I.

Kalau vom Hofe, Dr. Marie, Berlin-Schmargendorf, Ruhlaer Str. 14.

Kath, Dr. Ingeborg, Berlin-Buch, Ludwig-Hoffmann Hospital.

Kemper, Dr. Werner, Berlin-Charlottenburg 9, Sensburger-Allee 6 (Member of Council).

Laessig-Arnold, Frau Ursula, Ph.D., Berlin-Wilmersdorf, Hohenzollerndamm 157.

March, Dr. Hans, Berlin-Schmargendorf, Hohenzollerndamm 123.

Mette, Dr. Alexander, Berlin-Lichterfelde, Geibelstr. 4.

Müller-Braunschweig, Frau Ada, Berlin-Schmargendorf, Sulzaer Str. 3.

Müller-Braunschweig, Carl, Ph.D., Berlin-Schmargendorf, Sulzaer Str. 3 (*President*).

Muthmann, Dr. Arthur, Freiburg/i.Br., Ludwigstr. 36.

Ortner, Frau Astri, Ph.D., Berlin-Charlottenburg 9, Sensburger Allee 18.

Ranft, Hermann, (address unknown).

Riemann, Felix, München, Ainmillerstr. 22, pt., bei Lipps.

Roellenbleck, Ewald, Ph.D., Darmstadt, Mathildenhöhweg 2, bei Müller.

Scheunert, Dr. Gerhard, Erfurt, Beaumontstr. 10. Schneider, Hans, Berlin-W 50, Kulmbacher Str. 3. Schottländer, Felix, Ph. D., Stuttgart-Degerloch, Löwen Str. 123.

Schultz-Hencke, Dr. Harald, Berlin-Wilmersdorf, Kaubstr. 4.

Seiff, Frau Margarete, Berlin-Tempelhof, Rumey Plan 15.

Spangenberg, Frau Johanna, Trechtingshausen (Kr. St. Goar a/Rhein).

Staudte, Frau Anni, Berlin-Lichterfelde, Schwelmer-Str. 16.

Steinbach, Margarete, Berlin-Charlottenburg 9, Gothaer Allee 5.

Tiling, Dr. Erich, Gera.

Weigel, Dr. Herbert, Leipzig C 1, Marien Str. 16. Werner, Marie-Louise, Kassel, Regina Str. 12. von Wimmersperg, Dr. Franziska (address unknown).

Associate Members

Fuchs-Kamp, Frau Adelheid, Ph.D., Berlin-Wilmersdorf, Zähringer Str. 26.

Wiegmann, Dr. Heinz, Berlin-Charlottenburg, Giesebrechtstr. 8.

Hungarian Psycho-Analytical Society

(Magyaroaszági Pszichoanalitikai Egyesület) Members

Almásy, Dr. Endre, Bethlen Gabor-u. 29, Budapest

Amár, Dr. Renée, Andrássy-ut 47, Budapest VI. Dubovitz, Dr. Margit, Krisztina-u. 18, Budapest I. Faerber, Dr. Zelma, Klotild-u. 18, Budapest V. Hajdu, Dr. Lilly, Klotild-u. 18, Budapest V (Treasurer).

Hermann, Dr. Ahce, Pozsonyi-ut 10, Budapest V. Hermann, Dr. Imre, Pozsonyi-ut 10, Budapest V (President).

Hollós, Dr. István, Klotild-u. 4, Budapest V (Honorary President).

Kapos, Dr. Vilmos, Szent István-körut 13, Budapest V.

Lévy, Mrs. Kata F., Kmetty-u. 31, Budapest VI. Lévy, Dr. Lajos, Kmetty-u. 31, Budapest VI.

Petö, Dr. Endre, Katona Jozsef-u. 14, Budapest V (Secretary).

Rajka, Dr. Tibor, Baross-ut. 88, Budapest VIII. Rotter-Kertész, Dr. Lillian, Sándor-u. 46, Budapest VIII.

Schönberger, Dr. István, Falk Miksa-u. 5, Budanest V.

Stein, Dr. Piroska F., Rákoczi-ut 18, Budapest VII. Vértes, Dr. Katalin, Benezur-u. 35, Budapest VI.

Associate Members

Felszeghy, Mrs. Ilona, Vámu-u. 1, Budapest II. Kircz-Takács, Dr. Mária, Szemere-u. 5, Budapest V. Major, Mrs. Margit, Géza-u. 7, Budapest V. Pátzay, Mrs. Lucy L., Mónus Illésrakp. 53, Budapest II.

Perl, Mrs. Lili, Géza-u. 7, Budapest V.

Schachtitz, Mrs. Margit, Zsitvay Leo-u. 16, Budapest V.

Indian Psycho-Analytical Society

Honorary Member

Bose, Rajshekhar, 72 Bakul Bagan Rd., Calcutta.

Members

*Amrith, M. V., 81–83 Jamal Palace, St. Mary's Rd., Mazagaon, Bombay.

Bora, G., Jute Balers' Association, 5 Royal Exchange Place, Calcutta.

*Bose, G., 14 Parsibagan Lane, Calcutta (President).

*De, N., 128/B Dharamtola St., Calcutta.

*Desai, B., 13 Gunbow St., Fort, Bombay 1.

*Gheba, U. S., 12 Lady Hardinge Rd., New Delhi. Ghosh, B. C., 25/1 Chandra Chatterji St., Bhowanipur, Calcutta (Member of Council).

Haldar, R. C., Kadamkuon P.O., Patna.

*Laha, S. C., 124 Bediadanga Rd., Tiljala P.O., 24-Parganas.

*Ludowyk-Gyomroi, Mrs. Edith, University of Ceylon, Colombo, Ceylon.

*Maiti, H. P., Patna University, Patna (Member of Council).

*Mitra, S. C., 13B Bhaba Nath Sen St., Calcutta (Acting Secretary).

Pal, G., 61 Hindusthan Park, Ballygunge, Calcutta.

*Shrimali, K. L., "Vidya Bhawan", Udaipur.

*Sinha, T. C., 38 South End Park, Ballygunge, Calcutta.

* Psycho-analysts.

Associate Members

Ahmed, M. U., Government College, Chittagong. Ali, Syed Kazim, 15 Walliullah Lane, Calcutta. Balasundaram, N., 29 Mahilla College Rd., Lahore. Banerji, S., 124 Bediadanga Rd., P.O. Tiljala, 24-Parganas.

Banerji, S. N., 12 Pal St., Calcutta.

Barua, M. K., 14 Ballygunge Circular Rd., Calcutta. Barwell, Mrs. N., 6 Middleton St., Calcutta.

Bhattacharyya, H. D., Ramna, Dacca.

Bose, B. K., 14/1 Parsibagan Lane, Calcutta.

Bose, L. M., 34 Allenby Rd., Calcutta.

Chakravarty, B. N., 15D Rajendralal St., Calcutta. Chatterji, B. B., 82 Dr. Suresh Sarker Rd., Calcutta. Chatterji, N. N., 124 Bediadanga Rd., Tiljala P.O., 24-Parganas.

Datta, A., 64/2 Ahireetolla St., Calcutta.

De, R. K., Imperial Bank of India, Jalpaiguri.

De, J. C., 13 College Sq., Calcutta.

De, S. K., 65/1/1 Manicktola St., Calcutta.

Devi, Mrs. Parul, 8 Nafar Kundu Rd., Kalighat, Calcutta.

Gaglani, L. A., Natwarnagar-Bagasra (Kathiawar). Ganguly, D., 21/1A Fern Rd., Ballygunge, Calcutta.

Ganguly, M. L., 8/1 Dover Lane, Ballygunge, Calcutta.

Guha, B. S., 64 Cantonment, Benares.

Lall, M. B., Pacca Katra, Katra Khushal Rai (via Kinari Bazar), Delhi.

Matthews, B., 7 Wellesley Place, Calcutta.

Mazda, Miss Dolly S., 41 Free School St., Calcutta. Mazda, Miss Kitty S., 41/A Free School St., Calcutta: Mehta, H. P., 9 Grant St., Calcutta.

Nand, D. S., 12 A.B.P.O.

Narain, Inder, 4908 Paramanand St., Faizbazar, Delhi.

Nigam, Mrs. R., "Ekant", Banmor, Gwalior State. Pai, T. R. A., Canara Mutual Bldg., Udipi, South India.

Pal, S. B., 149/2 Rash Behari Ave., Calcutta. Raichoudhury, R. K., Rangopalpore, Mymensingh. Ramana, C. V., P. 72A Sardar Sankar Rd., Calcutta. Rishi, W. R., 10D Ranjit Place, New Delhi.

Samah, B. C., 95 Central Ave., Calcutta.

Rolles, M. J., London Mission, Kamalapuram, Cuddapah Dist., South India.

Sen, J. M., Krishnagar College, Nadia.

Sengupta, Miss Sovona, 115/D Rash Behari Ave., Calcutta.

Shah, R. B., c/o H. B. Shah, 1st Bhoiwada Lane, Bombay 2.

Thakurdas, Harold, 21 St. John's Hostel, Mission Road, Lahore.

Tsatos, B. X., Burma.

Italian Psycho-Analytical Society

(Società Psicoanalitica Italiana)

Honorary Member

Weiss, Dr. Edoardo, 722 Bittersweet Place, Chicago 13, Ill., U.S.A.

Members

Flescher, Dr. Joachim, Via Sandro Botticelli 2, Rome. Levi-Bianchini, Prof. Dr. Marco, Nocera Inferiore, Salerno (*Honorary President*).

Merloni, Mr. Claudio, LL.D., Via Calabria 17, Rome. Modigliani, Mr. Claudio, LL.D., Via Palermo 28, Rome (Secretary).

Musatti, Prof. Cesare, Ph.D., Corso Porta Nuova 22, Milano (Vice-President).

Perrotti, Dr. Nicola, Corso Trieste 146, Rome. (President).

Servadio, Prof. Emilio, LL.D., Via Tagliamento 76, Rome.

Tomasi di Palma, Alessandra, Principessa di Lampedusa, Via Butera 42, Palermo.

Palestine Psycho-Analytical Society

(Chewra Psychoanalytith b' Erez-Israel)

Honorary Member

Freud, Miss Anna, 20 Maresfield Gdns., London, N.W.3.

Members

Barag, Dr. G., 63 Ben Jehuda St., Tel-Aviv. Barag, Dr. Grethe, 63 Ben Jehuda St., Tel-Aviv. Dreyfuss, Dr. Daniel, 23 Abarbanel St., Jerusalem. Gruenspann, Dr. Bertha, 64 Pevsner St., Haifa. Gumbel, Dr. Erich, 33 Ben Maimon St., Jerusalem. Hirsch, Dr. E., 53 Ramban St., Jerusalem. Isserlin, Dr. A., 42 Ben Jehuda St., Tel-Aviv. Rothschild, Dr. Salomon, 3 Redak St., Jerusalem. Lowtzki, Dr. F. (Mrs.), 4 Harizi Rd., Jerusalem. Schalit, Dr. Ilja, 16 Jerusalem St., Haifa (Secretary). Smeliansky, Dr. Anna, 4 Hagilboa St., Tel-Aviv (Treasurer).

Simon, Dr. Ellen, P.O.B. 76, Jerusalem. Stern, Dr. Max, 18 Mase St., Tel-Aviv.

Winnik, Dr. Z., P.O.B. 15, Ramat-Gan.

Woolf, Dr. M., 38 Boulevard Rothschild, Tel-Aviv (President).

Associate Members

Golan, Mr. S., Mishmar Haemek, nr. Haifa. Idelson, Mr. D., 2 Witkin St., Tel-Aviv. Weiss-Stadthagen, Mrs. Alice, 3 Redak St., Jerusalem.

Sao Paulo (Brazil) Psycho-Analytical Society

Members

Bicudo, Miss Virginia L., Rua Guarará, 90—Casa 1. Dias, Dr. Flavio, Rua Sorocaba, 135.

Koch, Dr. Adelheid, Caixa Postal 4164.

Marcondes, Dr. Durval B., Rua Siqueira Campos, 42 (President).

Philips, Mr. Frank, Caixa Postal 1968 (Secretary). Uchoa, Dr. Darcy Mendonça, Avenida Pacaembú 1882.

Swedish Psycho-Analytical Society

(Svenska Psykoanalytiska Foreningen)

Honorary Members

Antoni, Prof. Nils, Östermalmsgatan 45, Stockholm.

Tegen, Prof. Einar, Norrskogsvägen 3, Stora Essingen.

Members

Ekman, Lektor Tore, Arkitektvägen 59, Abrahams-

Haak, Dr. Nils, Svedbergsplan 4, Stockholm.

de Monchy, Dr. René, Scheffersgatan 9, Stockholm. Nycander, Dr. Gunnar, Rådmansgatan 9, Stockholm (*Vice-President*).

Reinius, Dr. Erik, Ålstensgatan 57, Ålsten (Treasurer).

Sandström, Dr. Tora, Odengatan 46, Stockholm. Tamm, Dr. Alfhild, Vendevägen 7, Lidingö I (President).

Törngren, Dr. Pehr Henrik, Skeppsbron 40, Stockholm.

Associate Members

Bernstein, Dr. Lotte, Lindnersplan 9, Stockholm. Harding, Dr. Gösta, Bielkevägen 9, Ulvsunda.

Lindbäck, Dr. Erland, St. Paulsgatan 14, Stockholm.

Székely, Dr. Lajos, Tritonvägen 10, A. L. Alby, Sundbyberg.

Tjellström, Greta, Cand. Phil., Hermelinsstigen 20. Äppelviken.

Versteegh-Lind, Dr. Aina, Hjärnegatan 10, Stockholm.

Swiss Psycho-Analytical Society

(Schweizerische Gesellschaft für Psychoanalyse)

Honorary Members

Freud, Miss Anna, 20 Maresfield Gdns., London, N.W.3.

Glover, Dr. Edward, 18 Wimpole St., London, W.1.

Members

Bally, Dr. med. Gustav, Schmelzbergstrasse 34, Zürich.

Behn-Eschenburg, Frau Gertrud, Casa Stella, Muzzano, Lugano.

Binswanger, Dr. med. Ludwig, Sanatorium Bellevue, Kreuzlingen, Thurgau.

Blum, Dr. med. PD. Ernst, Marienstrasse 9, Bern. Boss, Dr. med. PD. Medard, Theaterstrasse 12, Zürich (Treasurer).

Brun, Prof. Dr. med. Rud., Zürichbergstrasse 88, Zürich.

Christoffel, Dr. med. Hans, St. Albanvorstadt 21, _Hollitscher, Walter, Ph.D. Basel.

Flournoy, Prof. Dr. med. Henri, Rue de Monnetier 6, Geneve (Member of Council).

Glover, Dr. med. Edward, 18 Wimpole St., London. W.1. (Confirmation of the Central Executive not obtained.)

Grüninger, Dr. phil. Ulrich, Brittnau, Aargau.

Kielholz, Dr. med. Arthur, Rohrerstrasse 28, Aarau.

Meng, Prof. Dr. med. Heinrich, St. Albanring 174, Basel.

Odier, Docteur Charles, Chem. des Magnolias 1, Lausanne.

Pfenninger, Pfarrer Hans, Neftenbach, Kt. Zürich. Pfister, Pfarrer Dr. phil. Oskar, Berghaldenstrasse 34, Zürich (Member of Council).

Repond, Dr. med. André, Maison de Santé de Malévoz, Monthey, Valais.

Sarasin, Dr. med. Philipp, Gartenstrasse 65, Basel (President).

Schneider, Prof. Dr. Ernst, Margarethenstrasse 44, Binningen b. Basel.

Steiner, Dr. med. Hans, Heil-u. Pflegeanstalt Herisau, Appenzell.

Zulliger, Hans, Ittigen, Bern (Secretary).

Associate Members

Beno, Docteur N., Maison de Santé de Malévoz, Monthey, Valais.

Boller-Schwing, Gertrud, Scheuchzerstrasse 18, Zürich.

Briner, Direktor Dr. med. O., Rosegg, Solothurn.

Fink, Dr. med. S., 115 Macleay St., Potts Point, Sydney, Australia.

Maerk, Frl. Anna, Gloriastrasse 64, Zürich.

Mayer-Fournier, Mrs. Christine, U.S.A.

Rambert, Mlle. Madeleine, Chemin de Mornex 9, Lausanne.

Richard, Dr. med. G., Crêt de Taconnet 40, Neuchâtel.

Stephani-Cherbuliez, Dr. med. Jeanne, Rue Ferdinand Hodler 9, Geneva.

Storch, Dr. med. Alfred, Münsingen, Kt. Bern.

Valär-Sachs, Dr. med. Lotte, Steinstrasse 50, Zürich.

Zulliger, Frau Martha, Ittigen, Bern.

Vienna Psycho-Analytical Society

(Wiener Psychoanalytische Vereinigung)

Rathausstrasse 20, Vienna I.

Members

_ Aichhorn, August (President).

Aufreiter, Dr. F.

Aufreiter, Dr. H.

Bolterauer, H., Ph.D.

Bolterauer, L., Ph.D.

Erdheim, Dr. Thea.

Fleischmann, Otto, Dr. jur.

Genner, Dr.

Jokl, Dr. Robert Hans (Training Secretary).

Miklas (Mrs.), Ph. D.

Nentwich, Ph.D.

Scharmann, Dr.

Scharmann (Mrs.), Dr.

Solms, Dr. (Secretary).

Spanudis, Dr.

Winterstein, Alfred von, Ph.D. (Scientific Secretary)

III. OBITUARY

Banerji, Mr. M. N. (Indian P.A. Society).

Berna-Citroen, Mrs. Ada (Swiss P.A. Society).

Blok, Dr. A. M. (Dutch P.A. Society).

Brend, Dr. W. (British P.A. Society).

Brunswick, Dr. Ruth Mack (New York P.A. Society).

Dukes, Dr. Geza (Hungarian P.A. Society).

Eisler, Dr. Mihály (Hungarian P.A. Society).

Fenichel, Dr. Otto (San Francisco P.A. Society).

Friedjung, Dr. Josef (Palestine P.A. Society).

Ghosh, Dr. Bhupati Bhusan (Indian P.A. Society).

Happel, Dr. Klara (Detroit P.A. Society).

186

Jelgersma, Prof. Dr. G. (Dutch P.A. Society). Jelliffe, Dr. Smith Ely (Hon. Life Member, American P.A. Association).

Kardos, Dr. Elisabeth (Hungarian P.A. Society).
Kempner, Dr. Salomea (Direct Member, International P.A. Association).

national P.A. Association).

Landauer, Dr. Karl (Dutch P.A. Society).
van der Linde, Dr. B. D. (Dutch P.A. Society).
Martin-Sisteron, Dr. Maurice (French P.A. Society).
de Monchy, Dr. Vera (Swedish P.A. Society).
Pfeiffer, Dr. Sigmund (Hungarian P.A. Society).
Révész, Dr. László (Hungarian P.A. Society).

Roy, Mr. Bhubuti Bhusan Sinha (Indian P.A. Society).

Sachs, Dr. Hanns (Boston P.A. Society).

Sarkar, Dr. Sarasilal (Indian P.A. Society).

Schiff, Dr. Paul (French P.A. Society).

Sharpe, Miss Ella F. (British P.A. Society).

Singhi, Mr. Bhahadur Sing (Indian P.A. Society).

Smith, Dr. Joseph (New York P.A. Society).

Sugar, Dr. Miklos (Hungarian P.A. Society).

Thomson, Dr. H. Torrance (British P.A. Society).

Walk, Dr. Rosa (Vienna P.A. Society).

Waterman, Dr. A. (Dutch P.A. Society).

The

International Journal of Psycho-Analysis

RESEARCH SUPPLEMENT

to the

INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS

No. 1. A NEW GERMAN-ENGLISH PSYCHO-ANALYTICAL VOCABULARY

By
ALIX STRACHEY

Price 10/6 (postage 4d.)

Published for the Institute of Psycho-Analysis by BAILLIÈRE, TINDALL & COX, 7 & 8 HENRIETTA ST., LONDON, W.C.2.

CONTENTS

ORIGINAL PAPERS	PAGE
MELANIE KLEIN. NOTES ON SOME SCHIZOID MECHANISMS	
ANALYTIC THEORY AND THERAPY	110
GÉZA RÓHEIM. SAINT AGATHA AND THE TUESDAY WOMAN	119
PEEDENCE TO INHERITANCE	120
ENDRE PETÖ. WEEPING AND LAUGHING	129
DREAMS DODOR THE ORIGIN OF THE MOSAIC PROHIBITION AGAINST COOKING	134
THE SUCKLING IN ITS MOTHER'S MILK	145
W. CLIFFORD M. SCOTT. A NOTE ON THE PSYCHOPATHOLOGY OF CONVULSIVE PHENOMENA IN MANIC DEPRESSIVE STATES	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ABSTRACTS	148
BOOK REVIEWS	
THE PSYCHO-ANALYTICAL TREATMENT OF CHILDREN, by Anna Freud. (Ella Freeman Sharpe)	149
POPULATION, PSYCHOLOGY AND PEACE, by J. C. Flugel. (Roger E Money-Kyrle)	. 151
WAR, CRIME AND THE COVENANT, by Géza Róheim. (J. C. Flugel)	152
MORALE, by Charles Odier. (J. C. Flugel)	. 154 S
Morton French, M.D. (E.J.)	. 155
by Charles Berg, M.D. (Lond.), D.P.M. (S. M. Payne) THE FEMININE CHARACTER: HISTORY OF AN IDEOLOGY, by Viola Klein. (Marjorie Brierley)	1
CHILD TREATMENT AND THE THERAPY OF PLAY, by Lydia Jackson and Kathleen M. Todd. (Helen Sheehan-Dare)	1
RECENT ADVANCES IN PSYCHIATRY. (JOURNAL OF MENTAI SCIENCE, 1944, VOL. XC, NO. 378, P. 509). (W. Clifford M. Scott) REBEL WITHOUT A CAUSE: THE HYPNO-ANALYSIS OF A CRIMINAI	DIE E
REBEL WITHOUT A CAUSE: THE HYPNO-ANALYSIS OF A CRIMINAL PSYCHOPATH, by R. M. Linder. (W. Clifford M. Scott)	159
PSYCHOPATHOLOGIE DE L'ECHEC, by Dr. R. Laforgue. (E.J.) THE DEVELOPMENT OF PSYCHO-ANALYTIC CRIMINOLOGY, by	. 160 y
Geza Dukes. (Extract from the Hungarian volume of collected papers Psychoanalytische Studien, published in Budapest, 1933)	,
PUBLICATIONS RECEIVED	. 168
OBITUARY	
HANNS SACHS (Ernest Jones)	
BULLETIN OF THE INTERNATIONAL	
PSYCHO-ANALYTICAL ASSOCIATION	
REPORTS RECEIVED FROM SOCIETIES AND INSTITUTESLIST OF MEMBERS OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION	